



Privacy Declaration for Committee Members

Name (Please print first name first): _____

Committee Name: _____

- I declare that to the best of my ability I will endeavour to ensure the privacy and confidentiality of all information distributed or discussed by this Committee or any sub-committees created from this committee and will retain this information and any physical or electronic copies thereof in accordance with the *Personal Information Protection and Electronic Documents Act (PIPEDA)*.

- I declare that once I cease to be a member of this committee I will return all applicant information including physical or electronic material to APEGM. I will also destroy, in accordance with PIPEDA, any and all **copies** of any personal information which I have created in order to fulfill the committee's mandate. I will also return any committee manuals that I have been provided with to APEGM.

Signed: _____ Dated: _____
(See Over)



APEGM Publications

It is assumed that you agree to have your name published in APEGM publications as being a member of this committee. If however, you **do not wish** to have your name published as a committee member, please **select the box**, and **sign** and **date** below. Otherwise, your name will be published as being a member of this committee.

- I **do not wish** to have my name published in APEGM publications as being a member of this committee.

Signed: _____ Dated: _____

Use of Personal Information for Committee Business

For the purposes of fulfilling the committee mandate, it is necessary for you to share contact information including committee email addresses. Therefore, if you **do not wish** to be contacted using your home address or other personal information you must **select the box** and **sign** and **date** below.

- I **do not agree** to have personal contact information released to other members of this committee.

If you **do not agree** to have personal contact information released to other members of the committee, only **company information** will be released. It is your responsibility to ensure that the address information is kept current.

Signed: _____ Dated: _____

- I have read the information on this form.

Signed: _____ Dated: _____

Please see www.apegm.mb.ca for APEGM Privacy Policy.

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