

Membership Application

Cowichan Valley Camera Club



Contact Person

Name : _____
 Address : _____
 City : _____
 Pcode : _____ Phone : _____
 Cell : _____
 Email : _____

Family Memberships

Please fill in information for people in your family membership

Partner / Spouse

P/S Name: _____
 P/S Phone : _____
 P/S Cell : _____
 P/S Email : _____
 P/S Camera : _____

Family Member 1

FM 1 Name : _____
 FM 1 Phone : _____
 FM 1 Cell : _____
 FM 1 Email : _____
 P/S Camera : _____

Family Member 2

FM 2 Name : _____
 FM 2 Phone : _____
 FM 2 Cell : _____
 FM 2 Email : _____
 FM 2 Camera : _____

Family Member 3

FM 3 Name : _____
 FM 3 Phone : _____
 FM 3 Cell : _____
 FM 3 Email : _____
 FM 3 Camera : _____

Family Member 4

FM 4 Name : _____
 FM 4 Phone : _____
 FM 4 Cell : _____
 FM 4 Email : _____
 FM 4 Camera : _____

Date : _____

New Renewal Life Member

Family Memberships:

members of the same family residing in the same household including minors for whom you have legal guardianship.

Sep to Sep

\$ 25.00 Single
 \$ 40.00 Family

Jan to Sep

\$ 15.00 Single
 \$ 25.00 Family

Cash
 Cheque

Payment of dues can be processed at a club meeting or you can mail a cheque to -

CVCC Treasurer
 % John Dufton
 6501 Pacific Dr
 Duncan, BC V9L 5S5

Cheques should be made payable to Cowichan Valley Camera Club

Notes:

For Club Use Only:

Membership card issued
 NameTag issued
 Added to membership list
 Added to FM Email list

Over → → →

NOTE:

Members' email addresses and cell phone numbers will be used by the Club Executive to communicate the activities and functions of the club. The addresses of fellow members will be shared with all other active members for the exclusive use of sharing photography concerns. Inclusion of your e-mail address and cell phone number on this form indicates agreement with these terms.

Waiver of Liability Release

By signing this form, you accept sole responsibility for your own safety and release the Club and its members' activity leaders from all legal responsibility in this regard. Read this form before you sign.

I/we, the undersigned, hereby declare that I/we am 19 years old or older or, if under 19 years of age, have had my/our legal guardian sign this form on my/our behalf.

I/we hereby freely and voluntarily accept full responsibility and forever release and discharge the Club, its members and its trip and activity leaders, on behalf of myself/ourselves, my/our heirs and my/our personal representatives from and against any liability for death or injury to myself/ourselves or damage or loss of my property however caused.

Signature : _____

P/S Signature : _____

FM 1 Signature : _____

FM 2 Signature : _____

FM 3 Signature : _____

FM 4 Signature : _____

Date : _____

A parent or guardian must sign for minors.

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If you would like to become more involved in the club please check one of the options below.

- | | |
|--|--|
| <input type="checkbox"/> Programs & ideas for meetings | <input type="checkbox"/> Tech Equipment Management |
| <input type="checkbox"/> Coffee prep at the meetings | <input type="checkbox"/> Exhibitions and sales of members work |
| <input type="checkbox"/> Meeting setup and clean up | <input type="checkbox"/> Competitions |
| <input type="checkbox"/> Greeter for meetings | <input type="checkbox"/> Field Trips |
| <input type="checkbox"/> Workshops | <input type="checkbox"/> Library |

OR

- I would like to help but don't know where I would fit.