



APPLICATION FOR ASSISTANT MEMBERSHIP

CAPIC collects both personal and business contact information from its Members. The personal information is used to manage membership and related activities. Business contact information is made available on our website to drive business to Members. On occasion, personal and business contact information is the same. CAPIC will not release personal information without authorization except in those instances where personal contact information is identical to business contact information. By applying for membership in CAPIC, you acknowledge the above Terms & Conditions regarding release of your personal contact information. Personal or corporate financial information is destroyed after use (credit card information) or kept in a secure fashion. CAPIC does not release member information to sponsors or other third parties. Occasionally, CAPIC will forward information to you from our sponsors. You can opt out of this service by unsubscribing to CAPIC emails.

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____

PHONE (BUSINESS): _____ PHONE (HOME): _____

EMAIL: _____

WEBSITE: _____

PHOTOGRAPHER ILLUSTRATOR DIGITAL ARTIST

MEMBERSHIP REQUIREMENTS (PLEASE CHECK)

- Two (2) letters of Sponsorship are attached. Prospective members unable to supply such letters must provide a brief résumé outlining education and professional experience.
- Self-employed applicants must attach blank samples of their business forms, (e.g., Quote, Invoice, Terms & Conditions, and Other Contracts). Employed applicants are required to list employer's name and place of business.
- I am of good moral character and agree to abide to the principles and ethics of CAPIC.
- Fee – Atlantic Provinces: \$149.50 including HST; British Columbia: \$145.60 including HST; Ontario: \$146.50 including HST; Quebec & Prairies Provinces: \$136.50 including GST. Fee must accompany application. VISA, AMEX & MasterCard accepted. Make cheques payable to CAPIC.
 - Cheque AMEX Visa MasterCard

CARD NO: _____ EXPIRY DATE: _____

I hereby apply for Assistant Membership to CAPIC and attest that all of the above and attached information is true. I agree to abide by the constitution and by-laws of CAPIC. I have also been made aware of and understand the limitations of my membership.

SIGNATURE: _____ DATE: _____

PRIVACY POLICY

CAPIC NATIONAL OFFICE
720 SPADINA AVENUE
SUITE 202
TORONTO, ON, M5S 2T9
TEL 416-462-3677
1-888-252-2742
FAX 416-929-5256
EMAIL
MEMBERSHIP@CAPIC.ORG

THIS AREA FOR OFFICE USE ONLY

ACCEPTED BY THE VP MEMBERSHIP: _____ CHAPTER: _____

SIGNATURE: _____ NAME: _____ DATE: _____

CONFIRMED BY THE V.P. MEMBERSHIP, NATIONAL EXECUTIVE OR DIRECTOR, MEMBERSHIP.

SIGNATURE: _____ NAME: _____ DATE: _____