



APPLICATION FOR ASSOCIATE MEMBERSHIP

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____

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

EMAIL: _____

WEBSITE: _____

PHOTOGRAPHER ILLUSTRATOR DIGITAL ARTIST

SUSTAINING (STATE OCCUPATION): _____

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.
- I am currently in or am actively pursuing a full-time career in photography or illustration.
- 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.

I hereby apply for Associate Membership in CAPIC and attest that all of the above and attached information is true. I agree that any misstatement or misrepresentation will void this application.

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: _____

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.

LETTER OF SPONSORSHIP
FOR CAPIC MEMBERSHIP APPLICATION



I, _____
a CAPIC General Member in good standing, do hereby recommend

(Applicant)

(hereafter called the Applicant) for membership in one of the following categories:

- PHOTOGRAPHER
- ILLUSTRATOR
- DIGITAL ARTIST

(PLEASE CHECK ONE ONLY)

- General Membership
- Sustaining Membership
- Associate Membership
- Emerging Talent Membership
- Assistant Membership

- I have personally known the applicant since _____
- The applicant is of good moral character and reputation.
- The applicant is actively and professionally engaged either as a photographer or illustrator, and produces work for communications, or in the case of the sustaining membership category, is professionally associated with photography or illustration.

The above statements are true to the best of my knowledge and belief.

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TWELVE MONTH PAYMENT PLAN

CAPIC'S Pre-Authorized Payment Plan offers an alternative method to paying membership dues with one cheque. Payments are automatically withdrawn from your bank, trust company, or credit union on the first of every month.

To apply for the Pre-Authorized Payment Plan, please complete the information required on the authorization form below, include one of your cheques marked "VOID", and return both to CAPIC National Office.

PLEASE NOTE: All fees stated below include GST or HST where applicable. The first fee is an annual fee, the second fee is a monthly fee. The province of your residence determines your membership fees.

	ATLANTIC PROVINCES	BRITISH COLUMBIA	ONTARIO	QUEBEC & PRAIRIE PROVINCES
GENERAL MEMBER	\$488.75 / \$41.83	\$476 / \$40.73	\$480.25 / \$41.10	\$446.25 / \$38.19
SUSTAINING MEMBER	\$488.75 / \$41.83	\$476 / \$40.73	\$480.25 / \$41.10	\$446.25 / \$38.19
ASSOCIATE MEMBER	\$373.75 / \$32.25	\$364 / \$31.40	\$367.25 / \$31.69	\$341.25 / \$29.44
EMERGING MEMBER	\$224.25 / \$19.78	\$218.40 / \$19.26	\$220.35 / \$19.44	\$204.75 / \$18.06

NAME: _____

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POSTAL CODE: _____

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

EMAIL: _____

WEBSITE: _____

FINANCIAL INSTITUTION: _____

ACCOUNT#: _____

BRANCH ADDRESS: _____

For verification, please enclose an unsigned cheque marked "VOID" of the account from which you want to have the payments withdrawn.

For a joint account, all depositors must sign this form if more than one signature is required on cheques issued against the account.

A \$25.00 penalty charge is applied if a payment withdrawn is returned to CAPIC as NSF, and your membership will go into "bad standing".

I authorize CAPIC to debit my account in the amount of \$_____ on the 1st of each month commencing _____ of _____, 20____ for payment in full including service charges of my CAPIC membership dues. I understand that if I am delinquent in my monthly payment plan, I will forfeit all insurance benefits.

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