



APPLICATION FOR ASSOCIATE 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.

PRIVACY POLICY

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 General 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: _____

55 MILL STREET
 THE CASE GOODS BLDG
 SUITE 302 TORONTO ON
 M5A 3C4
TEL 416.462.3700
 1.888.252.2742
FAX 416.462.9570
EMAIL INFO@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: _____

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.

SIGNATURE: _____ DATE: _____

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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.

	ANNUAL MEMBERSHIP FEE	ANNUAL MEMBERSHIP FEE (GST/HST INCLUDED)	MONTHLY PAYMENT PLAN (GST INCLUDED)
GENERAL/SUSTAINING MEMBER	\$425	\$454.75 / \$488.75	\$38.90
ASSOCIATE MEMBER	\$325	\$347.75 / \$373.75	\$30.00
EMERGING TALENT MEMBER	\$195	\$208.65 / \$224.25	\$18.50

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____

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.

SIGNATURE: _____ DATE: _____

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