



Northumberland Hispanic Cultural Club

| MEMBERSHIP APPLICATION | | |
|---|----------------|-----------------|
| PLEASE COMPLETE CLEAR AND FULL (2 PAGES) | | |
| APPLICANT INFORMATION | | |
| Name: | | |
| Phone: | | |
| Current address: | | |
| City: | Province: | Postal Code: |
| Email: | | |
| EMPLOYMENT INFORMATION | | |
| Current employer: | | |
| EMERGENCY CONTACT | | |
| Name of a person not residing with you: | | |
| Address: | | Phone: |
| City: | Province: | Postal Code: |
| Relationship: | | |
| SPOUSE INFORMATION IF JOINT MEMBERSHIP | | |
| Name: | | |
| Phone: | | |
| Email: | | |
| CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED | | |
| Name | | Name |
| Name | | Name |
| CONSIDERING SUPPORTING US! YOUR CONTRIBUTION IS GREATLY APPRECIATED | | |
| \$25.00 | \$50.00 | \$100.00 |
| ANOTHER AMOUNT | | |
| SIGNATURES | | |
| Signature of applicant: | | Date: |
| Signature of spouse | | Date: |

| | |
|--------------------------------|--|
| ANNUAL MEMBERSHIP FEES: | Your membership fee and contribution enclosed is \$ |
|--------------------------------|--|

Individual: \$10 Family: \$25 (up to 4 family members)

Please make cheques payable to **Northumberland Hispanic Cultural Club** and send them with this printed (2 pages) form to the address below.

Important: We do not sale or share your information to third parties. By signing this application you are also giving us permission to send you important information about our activities by email. You can also unsubscribe at any time.



Appendix A

Photo/Video Consent and Release Form

Please sign and send with your application

1. I, _____ allow the use of the following:

Check off all appropriate boxes.

- My name and / or my family name**
- My image and /or my family image**
- My moving Image and / or my family moving image**
- My audio clip and / or my family audio clip**
- Other (please specify) _____**

2. You are giving your permission for the following case:

Northumberland Hispanic Cultural Club plans to use your name and image for the purpose of enhancing program, service or event awareness or outcomes. Your experience with this program/service/event will be conveyed to community members, agencies and others in the context of programs, newsletters, website and other media.

3. Please read the following paragraphs before affixing your signature under section 4.

a) Personal information collected pursuant to, and on the form, will be used for purposes described on this form and for no other purposes. You acknowledge that you have provided this personal information freely and voluntarily.

b) By signing this form as indicated below, you agree to hereby release and forever discharge the Northumberland Hispanic Cultural Club and its officers, employees, agents and representatives from any and all claims, demands, expenses, actions, causes of action and for any and all liability howsoever caused, arising out of, or in any way related to the collection, use and disclosure of information, authorized to be collected pursuant to, or on this form.

c) You acknowledge that you may be identified as a recipient of or participant in a given program/service/event. You understand that members of your immediate family may, therefore, also be identified. You understand your willingness or unwillingness to consent to the use of your photo and related personal information will have no impact on the services you receive from Northumberland Hispanic Cultural Club.

4. Your signature(s) is to be affixed in the appropriate space provided below:

I have read this form. I understand and agree to be bound by its contents, and I am sixteen (16) years of age or over.

Signature

Date

Print Name