Arts & Culture Foundation of Cochrane

P.O.Box 2123
Cochrane AB T4C 1B7

ARTS & CULTURE FOUNDATION COCHRANE

Membership Application

Date	○ New Member ○ Renewal

Demographics

Single/Family or Group Representative Last Name	First Name		
Address			
City	Prov	PC	Phone: Home
email			Phone: Cell
email			Phone: Business

Business/Club/Group Name (if applicable)			
Address			
City	Prov	PC	Phone
email			Website

○ **List in Directory** ○ **Do NOT List in Directory**

Description of Service

Group Alternate Representative List (for voting at general meetings)

Name	Phone	email
Name	Phone	email
Name	Phone	email

Category

○	Group/Club	Full	$50	Organized community group with one named representative >18 yrs. *
○	Business	Full	$50	Business with one named representative member > 18 yrs. *
○	Single	Full	$25	>18 yrs
○	Family	Full	$35	Parents & Children <16 yrs**
○	Associate	Assoc	NC	16-18 yrs
○	Youth	Youth	NC	<16 yrs

* A group list must be submitted to extend privileges to an other member of the group in the absence of the representative.

** Both parents have full privileges

Privileges				Responsibilities
Category	**Full**	**Assoc**	**Youth**	◆ Regularly attend ACFC General meetings.
Voting	✓			◆ Participate and volunteer in at least one ACFC activity or sponsored event per year.
Display in Shows	✓	✓	✓	
Newsletter/Communication	✓	✓	✓	◆ Pay ACFC fees promptly.
Discounts (as available)	✓	✓	✓	

Volunteer Contribution

I wish to volunteer in the following committees:

- ○ Marketing - Advertising, Farmer's Market Booth, etc.
- ○ Events - Potluck/Auction, ArtWalk, etc.
- ○ Special Projects - Art Centre
- ○ Fundraising - Potluck/Auction, Sponsorships
- ○ Community Relations - Liason to CCACC, etc.
- ○ Administration - Membership, Finance
- ○ Other - _____

Right of Publicity

From time to time, ACFC publicizes information about its members to the community through various media such as newsletters, displays, internet website and press releases. In order to avoid misunderstandings about privacy and use of personal information we ask permission from each member to publish names, photographs and/or video images.

I give the Arts & Culture Foundation of Cochrane permission to publish my name and picture.

Signature _____ Date _____

ACFC Section: Fees Received $_____