

**ETOBICOKE CAMERA CLUB**  
**MEMBERSHIP APPLICATION/RENEWAL & WAIVER FORM**  
**2011 - 2012 Season**

MS Word Version: [Membership.doc](#)

**Please complete this form and bring it with cash or cheque, payable to Etobicoke Camera Club, to the club Treasurer at a regular club meeting. Note that you'll not be eligible to compete in regular competitions until you have paid your membership fee. You can complete the form using MS Word.**

**Please indicate membership type, optional donation, & total.**

Membership Type:	Annual Fee:	Donation (optional):	Total:
Couple: <input type="checkbox"/>	\$80.00	\$	\$
Single: <input type="checkbox"/>	\$60.00	\$	\$
Student: <input type="checkbox"/>	\$15.00	\$	\$

Name:	
Address:	
City:	Postal Code:
Home phone:	Business:
E-Mail address:	

**Please advise where you learned about the E.C.C.**

Camera Store     Friend     Internet     Another Club     Other

**Privacy Statement:** The club compiles a membership list which is kept within the club and is not shared with any third party. However, the membership list (including e-mail and phone but excluding home address) may be shared internally with other club members.

**Please check the appropriate boxes below to indicate your privacy preferences.**

include e-mail or     exclude e-mail  
 include phone # or     exclude phone #

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WAIVER AND ASSUMPTION OF RISK:**

**Note:** Each member is required to complete and sign the outings waiver at the bottom of this Membership Application/Renewal.

I affirm that, by participating in any outing conducted by the Etobicoke Camera Club, I am fully accepting as my personal risk any and all consequences of such participation, and I hereby agree to release, save harmless and indemnify the Etobicoke Camera Club, its officers, directors, agents and members from and against all claims, actions, costs and expenses in respect to death, injury, loss or damages to me or my property arising as a result of my participation. In the event of an accident or medical problem suffered by me, I consent to the Etobicoke Camera Club seeking out the appropriate medical care required.

I declare that I have read and fully understand this Waiver and Assumption of Risk, and that it is binding on me, my heirs, executors, administrators, and assigns.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_