



NEW MEMBERSHIP

SECTION 1: MEMBER CONTACT INFORMATION

DANCER			
STUDIO			
PARENT(S)			
ADDRESS			
TOWN/CITY		HOME #	
POSTAL CODE		MAIN #	
		CELL #	
EMAIL			

SECTION 2: MEMBERSHIP AND PAYMENT DETAILS

TYPE	Family Membership	\$50
PAYMENT	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> E-Transfer to treasurer.apacalgary@gmail.com	

To pay by check: Send a check made payable to Artistique Parents Association of Calgary, 100 Anderson Road SE, PO Box 44118 RPO Southcentre, Calgary, AB, T2J 7C5

SECTION 3: MEMBER INFORMATION

Is your dancer registered in a competitive dance program this year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you belong to other performing arts fundraising associations/groups? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, Name of Association/Group:
Does the above group participate in AGLC fundraising activities? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you read and agree to the APA Privacy Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you read and agree to abide by the APA Costume Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Permission to use photographic images: Photographs of APA members may be used in various APA communications including newsletters and website. Group photographs taken at APA events may be used without identifying individual members. For individual photographs, please indicate your permission for use: _____ APA has my permission to use and identify photographs of me (and/or my child/children). _____ APA does not have permission to use and identify photographs of me (and/or my child/children). _____ APA must contact me before using any identified photographs of me in APA communications.

Signature: _____ **Date:** _____

For office use only:

O/S ITEMS		PMT REC'D	
------------------	--	------------------	--