



## APPLICATION FOR EMERGING TALENT MEMBERSHIP

NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PHONE (BUSINESS): \_\_\_\_\_ PHONE (HOME): \_\_\_\_\_

EMAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

PHOTOGRAPHER       ILLUSTRATOR       DIGITAL ARTIST

### MEMBERSHIP REQUIREMENTS (PLEASE CHECK)

- A Letter of Sponsorship from a current CAPIC member is attached. Prospective members unable to supply such letter 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. Employed applicants are required to list employer's name and place of business.
- I have graduated from a CAPIC-approved post-secondary Photography or Illustration program within the past 2 years.
- I am of good moral character and agree to abide to the principles and ethics of CAPIC.
- Attached are (6) six examples of my work, not necessarily published.

I hereby apply for Emerging Talent 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: \_\_\_\_\_

### PRIVACY POLICY

CAPIC NATIONAL OFFICE  
 720 SPADINA AVENUE  
 SUITE 202  
 TORONTO, ON, M5S 2T9  
 TEL 416-462-3677  
 1-888-252-2742  
 FAX 416-929-5256  
 EMAIL  
 MEMBERSHIP@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: \_\_\_\_\_

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.

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.

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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.

**PLEASE NOTE:** All fees stated below include GST or HST where applicable. The first fee is an annual fee, the second fee is a monthly fee. The province of your residence determines your membership fees.

	ATLANTIC PROVINCES	BRITISH COLUMBIA	ONTARIO	QUEBEC & PRAIRIE PROVINCES
GENERAL MEMBER	\$488.75 / \$41.72	\$476 / \$40.36	\$480.25 / \$41	\$446.25 / \$38.09
SUSTAINING MEMBER	\$488.75 / \$41.72	\$476 / \$40.36	\$480.25 / \$41	\$446.25 / \$38.09
ASSOCIATE MEMBER	\$373.75 / \$32.17	\$364 / \$31.33	\$367.25 / \$31.61	\$341.25 / \$29.37
EMERGING MEMBER	\$224.25 / \$19.73	\$218.40 / \$19.22	\$220.35 / \$19.39	\$204.75 / \$18.02

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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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