

Membership

Application Form

New Member Renewal



Name			
Company			
Street Address			
City		Postal Code	
Home Phone		Other Phone	
E-Mail Address			
Web Site			
Social Media Handle(s) <small>as related to your art/business/group</small>			
Individual or Business/Group Membership*		\$40.00	
Family* Membership <i>(Please fill out family detail form as well)</i>		\$50.00	
Youth/Student Membership		\$15.00	
Additional Directory Profile		\$10 per profile	
Add a photo gallery to your profile		\$10 per profile	
Add a Ciniki website platform & domain		\$80+\$20 = \$100	\$
I wish to donate to the SSAC (a charitable receipt is issued for donations \$20.00 and over)			\$
RCNo. 839954559		Total payment amount:	\$

*Group/Business memberships: An organization's or a group's membership does not entitle its individual members to the benefits, voting rights, and reduced entry fees to our events, festivals and programs. One must be an individual member to receive full benefits. Organizations and groups as a whole will receive all information, advertising and promotion. Family Membership are entitled to one vote at the annual general meeting.

I Give permission to:

Put my Profile (as provided) on the SSAC On-Line Directory Yes No

List my physical address, email, & phone number in the Online Directory Yes No Town Only Phone Only Email Only

Receive SSAC email news updates and other communications from SSAC via email Yes No

With paid application, the applicant is indicating that they have read & acknowledged their express permission.

Member Signature _____ Date: _____

Directory Categories (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Artisan: Fibre | <input type="checkbox"/> Arts Supporter | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Artisan: Glass | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Teacher: Artisan |
| <input type="checkbox"/> Artisan: Jewelry | <input type="checkbox"/> Gallery/Studio/Framer | <input type="checkbox"/> Teacher: Music |
| <input type="checkbox"/> Artisan: Pottery | <input type="checkbox"/> Heritage Group | <input type="checkbox"/> Teacher: Theatre/Dance |
| <input type="checkbox"/> Artisan: Wood/Metal | <input type="checkbox"/> Literary/Writer/Group | <input type="checkbox"/> Teacher: Visual Art |
| <input type="checkbox"/> Arts Consultants/Educators | <input type="checkbox"/> Perf. Arts: Dance/Theatre | <input type="checkbox"/> Visual Arts |
| <input type="checkbox"/> Arts Councils/Guilds | <input type="checkbox"/> Performing Arts: Music | |

Member #2 Name			
Company			
Company Address	[if different from above]		
City		Postal Code	
Cell Phone		Social Media Handle(s) as related to your art/ business/group	
E-Mail Address			
Web Site			

I Give permission to:

Put my Profile (as provided) on the SSAC On-Line Directory Yes No

List my physical address, email, & phone number in the Online Directory Yes No Town Only Phone Only Email Only

Receive SSAC email news updates and other communications from SSAC via email Yes No

With paid application, the applicant is indicating that they have read & acknowledged their express permission.

Member Signature _____ **Date:** _____

- | | | |
|---|--|---|
| <input type="checkbox"/> Artisan: Fibre | <input type="checkbox"/> Arts Supporter | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Artisan: Glass | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Teacher: Artisan |
| <input type="checkbox"/> Artisan: Jewelry | <input type="checkbox"/> Gallery/Studio/Framer | <input type="checkbox"/> Teacher: Music |
| <input type="checkbox"/> Artisan: Pottery | <input type="checkbox"/> Heritage Group | <input type="checkbox"/> Teacher: Theatre/Dance |
| <input type="checkbox"/> Artisan: Wood/Metal | <input type="checkbox"/> Literary/Writer/Group | <input type="checkbox"/> Teacher: Visual Art |
| <input type="checkbox"/> Arts Consultants/Educators | <input type="checkbox"/> Perf. Arts: Dance/Theatre | <input type="checkbox"/> Visual Arts |
| <input type="checkbox"/> Arts Councils/Guilds | <input type="checkbox"/> Performing Arts: Music | |

Member #3 Name	
Phone	
E-Mail Address	

Member #4 Name	
Phone	
E-Mail Address	

Office & Shop:

41 Victoria Street East, Alliston L9R 1T5

Mailing address:

P.O. Box 313, Alliston, ON L9R 1V6

705-435-2378

www.southsimcoartscouncil.com

All memberships are valid for 12 months from the date of payment

Thank you!

OFFICE USE: Cash Cheque Credit or Interact

Notes:

Payment Processed by (initial):

Added/Updated to Ciniki by (initial):

Last Update: 1/6/2020