



ICAC MEMBERSHIP FORM 2023-2024

Name(s): _____

Current address: _____ Phone: _____

City: _____ Postal Code: _____

Email: _____

SEPTEMBER 1, 2023 – AUGUST 31, 2024 MEMBERSHIP & DISCIPLINE INFORMATION

ICAC MEMBERSHIP: Renewal New

ICAC Individual September 1, 2023	\$140.00 <input type="checkbox"/>	MEMBERSHIP FEE TOTAL \$ _____
• Early Bird Registration (by August 31)	\$125.00 <input type="checkbox"/>	
Student (16 + years of age with a valid student card)	\$50.00 <input type="checkbox"/>	
Family Membership* (Up to two adults & children under the age of 18)	\$175.00 <input type="checkbox"/>	
• Early Bird Registration (by August 31)	\$160.00 <input type="checkbox"/>	
<i>*Must reside in the same household</i>		
Corporate Membership	\$500.00 <input type="checkbox"/>	

Artistic Discipline(s): Painter Potter Rug Hooker Fibre Arts Quilter Photography Other _____

OXFORD QUILTERS' GUILD MEMBERSHIP (ICAC MEMBERSHIP MANDATORY)

GUILD MEMBERSHIP: Renewal New

OQG Membership	\$20.00 <input type="checkbox"/>	GUILD MEMBERSHIP FEE TOTAL
Dispatch Mail Delivery	\$10.00 <input type="checkbox"/>	\$ _____

DONATIONS

Tax receipts issued after the end of the calendar year. Charitable registration #11896 8460 RR0001.
Would you prefer your tax receipt by email? Yes No

ARTS CONTRIBUTOR	\$100.00 <input type="checkbox"/>	DONATION TOTAL
ARTS PATRON	\$250.00 <input type="checkbox"/>	\$ _____
ARTS INVESTOR	\$500.00 <input type="checkbox"/>	
ARTS BENEFACTOR	\$1000.00 <input type="checkbox"/>	GRAND TOTAL
STUDIO FEE DONATION	\$100.00 <input type="checkbox"/>	\$ _____

VOLUNTEER ASSISTANCE

All members are expected to volunteer a minimum of 3 hours per year.
What areas/events are you most interested in volunteering for? (Check all that apply)

Saturday Staffing Artisan Market Exhibition Openings Deck The Halls Holiday Market Other _____

Special Skills (ex. Promotions, grant writing, decorating): _____



PERMISSIONS	
1. I give permission to ICAC to send me emails	Yes [] No []
2. I give ICAC permission to photograph my artwork for ICAC events	Yes [] No []
3. I give permission to have my name and email on the ICAC membership directory	Yes [] No []

STATISTICAL INFORMATION	
For statistical purposes please indicate your age category:	20-40 yrs. [] 40-60 yrs. [] 60 + []

METHOD OF PAYMENT	
CASH [] CHEQUE [] DEBIT [] VISA [] MasterCard [] PayPal [] *Cheques should be made payable to INGERSOLL CREATIVE ARTS CENTRE	<u>Mailing Address:</u> 125 Centennial Lane Ingersoll, ON N5C 0A5

SIGNATURE	
I agree to abide by the rules and regulations set out in the ICAC Policy and Procedure Manual.	
Signature of applicant:	Date:

CONGRATULATIONS! You are now a 2023-24 member of the Ingersoll Creative Arts Centre, a vibrant volunteer based community of artists, working and sharing, inspiring and supporting one another in this fine facility.

PRIVACY PRACTICES AT THE CENTRE

During the course of membership enrollment and class activities, events, art sales and volunteer activities, the Centre gathers and uses publicly available information, such as names, addresses and telephone numbers.

Although this information is available publicly through telephone directories, this information is kept in confidence. Safeguards are in place to ensure that the information is not disclosed or shared more widely than is necessary to achieve the purpose for which it is gathered.

We collect, use, and disclose this information only for the purposes of Centre business. We do NOT sell our membership list.

If you do not wish your name and phone number to be given out for any reason, please contact Sophie Hicks in the office, 519-485-4691. If you do not contact us, we will assume your consent to us releasing your name and phone number for the purpose of networking with the Centre's community.