



ATLANTIC FILMMAKERS COOPERATIVE **Membership Application and Renewal Form**

Please Print

Name: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____

Email: _____

Website: _____

Membership Type **Associate** **Full** **Equipment** **Volunteer**

PRIVACY

Your contact information may be used by AFSCOOP for AFSCOOP purposes from time to time. Your contact information will NOT be made public or made available for commercial purposes.

Would you like to make your phone number and email address available to Coop members and others in the film community who may request it (i.e. people looking for crew, actors etc)? Please circle: **YES** **NO**

AFSCOOP NEWSLETTER How would you like to receive AFSCOOP’s quarterly newsletter, **WORKPRINT**? Please circle:

Paper version sent to my mailing address

Do not send – I will can access WORKPRINT on AFSCOOP’s website

VOLUNTEER TASKS (Circle all that you are able to do.)

Office work Postering Graphic Design Teaching workshops

Other: _____

COMMITTEES: Joining a committee is a great way to get your volunteer hours. If you want to join one of the committees listed below, add your name to the list posted at AFSCOOP’s office.

FINANCE, PRODUCTION, FUNDRAISING, COMMUNICATIONS, PROGRAMS, EDUCATION, KINO PRAVDA (AFSCOOP’s radio show)

TRAINING – Any schools or institutions where you have studied:

AFFILIATIONS – Associations, Co-ops, Unions etc: _____

OFFICE USE ONLY

Date: _____ **Rcpt#** _____ **Amt#** _____ **Cheque#** _____



Membership Agreement

Circle One: Full Membership Associate Membership Equipment Membership

Equipment Rentals

I understand and will abide by AFSCOOP's Equipment Rental Policy, including, but not limited to the following:

- Full Members must have full copyright and creative control in order to receive Full Member rates on equipment rentals.
- Failure to pay equipment rental invoices and repairs will lead to a revocation of rental privileges, and possible membership exclusion.
- Equipment Rental fees are due and payable in advance.
- Equipment must be booked 24 hours in advance.
- I agree to only rent gear that I am capable of using.
- I understand that if I rent equipment at Full Member rates that I may be asked to appropriately recognize AFSCOOP in the credits and/or provide AFSCOOP with a VHS copy of my film for non-commercial promotional and educational purposes.

Associate Membership

I understand that my volunteer hours will only be tracked & valid for one year after I become an Associate Member.

Membership Privileges

I understand that my Full Membership, Associate Membership, or Equipment Membership must be in good standing in order to receive the applicable Membership benefits and privileges.

Keeping Membership Current

I understand that in order to keep my Full Membership current I must:

- Attend all General Meetings, or send regrets in advance. Failure to attend two General Meetings in a row without regrets will result in a downgrading of my membership status to Associate Member.
- Pay membership fees within 3 months of being voted in as a Full Member. Failure to pay fees within 3 months of being voted in will nullify the motion that voted me in as a Full Member.
- Pay my fees on an annual basis. Failure to pay membership fees within 3 months of due date will result in my name being stricken from the membership list. If my name is stricken from the membership list, I will have to start the membership application process from the very beginning (join as an Associate Member, contribute volunteer hours, etc.)
- Contribute volunteer hours to AFSCOOP and/or provide mentorship to others if appropriate.

I understand that in order to keep my Equipment Membership or Associate Membership current I must:

- Pay my fees on an annual basis. Failure to pay membership fees within 3 months of due date will result in my name being stricken from the membership list.

By signing this Membership Agreement I acknowledge and understand my rights and privileges as an AFSCOOP member. I understand the membership will have access to the information I provide to AFSCOOP. As an AFSCOOP member, I agree to abide by AFSCOOP's by-laws and policies.

Name: _____

Signature: _____

Date: _____

Agreement Received By: _____

If Full Member:

Date Voted In: _____

Sponsor: _____