



# Creative Arts Council/Creative Arts Center Member Enrollment Form

PO Box 1164, Eureka, Montana 59917-1164

www.CreativeArtsEureka.org

(406) 297-3270 - info@EurekaArtsAndHistory.org

Today's Date: \_\_\_\_\_

- NEW MEMBER
- MEMBERSHIP RENEWAL

1st Member: \_\_\_\_\_

(If enrolling as a family fill out additional members names - up to 4 members total. If additional members are needed please see section to the right)

2nd Person: \_\_\_\_\_

3rd Person: \_\_\_\_\_

4th Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I have enrolled in the following:\*

Class(es): \_\_\_\_\_

Instructor(s): \_\_\_\_\_

The CAC is run by a volunteer Board of Directors. We look to our membership community for help so we can continue to provide a variety of art programs. Join a committee? Sell raffles? Bake cookies...

- Yes! I would like info on how I can help.
- I have a hobby, craft or talent that I would like to share with others. Please contact me on how I can do that through the CAC.

Membership Type: (check one)

- Temporary Membership \$2 per person per day
- Individual - \$25/year
- Family - \$35/year for first 4 members and \$5 per member thereafter (list first 4 to the left and additional family members here if needed)

(+\$5) \_\_\_\_\_

(+\$5) \_\_\_\_\_

(+\$5) \_\_\_\_\_

(+\$5) \_\_\_\_\_

- Donation (OPTIONAL):\$ \_\_\_\_\_
- Contact me about a donation

(as a 501c3 nonprofit, the Creative Arts Council, which operates the Creative Arts Center, relies on donations to support operations. Your donation may take the form of cash, stock, professional services, or goods or property of value to the CAC. We deeply appreciate your support.)

Amount Paid: \_\_\_\_\_

Cash

Online - Payee Name \_\_\_\_\_

Check #: \_\_\_\_\_

**Parent/guardian signature if member is a minor:**

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Relationship to minor \_\_\_\_\_

Date \_\_\_\_\_

Call with questions or comments: (406) 297-3270

**PLEASE FILL OUT BACK SIDE OF THIS FORM**

For office use: QB database mailchimp volunteer

# HOLD HARMLESS AND EMERGENCY INFORMATION FORM

Every effort is made to avoid accidents and illness while involved in programs at the Creative Arts Center. However, participants and their guardians must acknowledge that participation is at their own risk. In the event of injury or illness, the participant and/or guardian agree to hold the Creative Arts Center, the Creative Arts Council and its Board, along with its volunteers, staff, and instructors harmless and not responsible for damages and/or medical fees associated with injuries or illness occurring while involved in the programs or while on the premises. My signature below confirms this understanding.

Permission to administer first aid and/or obtain needed medical attention for an injured participant in the event emergency contacts cannot be reached is hereby granted.

\_\_\_\_\_  
Signature of Participant (or of guardian if participant is a minor) Print your last name Date

Name(s) of minor(s) (List only if not included on reverse side) \_\_\_\_\_

\_\_\_\_\_  
Program(s): \_\_\_\_\_

Emergency Contact #1 Phone: \_\_\_\_\_ Name: \_\_\_\_\_

Emergency Contact #2 Phone: \_\_\_\_\_ Name: \_\_\_\_\_

Preferred Doctor or Clinic: \_\_\_\_\_ Phone #: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

## VIDEO AND PHOTO RELEASE (optional)

I hereby grant to the Creative Arts Council and its employees, agents, and assignees permission to photograph and/or videotape images of me and/or my minor child(ren) and permission to use any physical likenesses (as the same may appear in any still camera or motion image including voice and other sound recordings produced by me) for promotional and documentation purposes associated with the operations of the Creative Arts Council and the Creative Arts Center including (but not limited to) advertising, informational and grant writing operations with no restrictions on the number of times and dates for which this use applies. I hereby also waive any rights I may have to inspect or approve the finished production, advertising copy, or printed matter associated with the uses with which said images and recordings may be applied.

Video/Photo names of all participants: \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant (or of guardian if participant is a minor) \_\_\_\_\_

Date: \_\_\_\_\_