



## CANADIAN INDONESIAN SOCIAL CLUB (CISC)

P.O Box 1761 STN M CALGARY, ALBERTA T2P 2L8

WEB PAGE: [HTTP://WWW.CISC.ORG](http://www.cisc.org)

### MEMBERSHIP APPLICATION FORM

Period valid from January 1, 2022 to December 31, 2022

Previous Membership Number (if known): \_\_\_\_\_ Date: \_\_\_\_\_

Membership Fee: ☐ \$20.00 for a family (i.e. Head of family and spouse, including all children under 18 yrs old).

☐ \$10.00 for single (i.e. 18 yrs old or over).

#### Personal Data

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse's Full Name (Family Membership): \_\_\_\_\_

Residence/Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone # (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

#### Children (Optional)

1. Name : \_\_\_\_\_ M / F      2. Name : \_\_\_\_\_ M / F

3. Name : \_\_\_\_\_ M / F      4. Name : \_\_\_\_\_ M / F

Check if you are interested in: ☐ Volunteering    ☐ Committee    ☐ Performance

Help out in any other way (explain) : \_\_\_\_\_

#### Photo/Video Release

CISC undertakes to ensure images are used in a manner that recognizes the spirit of mutual cooperation that existed at the time the images were taken. CISC will take all reasonable precautions to prevent the images from being used in any way that might infringe on the personal rights and freedoms of any individual pictured.

☐ Please check to authorize CISC to use you and your family members' photograph/video for the stated purposes above.

#### Waiver

I am aware that participating in sporting activities and using the related equipment involves risk. In consideration of you accepting of this application. I (we) hereby expressly assume such risk. Furthermore, I understand that the Canadian Indonesian Social Club (CISC) does not accept responsibility for injury or loss incurred by any person participating in activities affiliated with the Canadian Indonesian Social Club. Therefore, I release and discharge the CISC, their staff, Board, volunteers and agents from all claims, injuries, or damages suffered by me (us) by reason of my participation in or transportation to and from any program offered as a result of this application.

☐ Please check to accept the waiver above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Please mail the Form and Cheque to the Address above. Thank You!*