

**Campbell River Beacon Club
Membership Form
2023**

Name: _____ Pronouns: _____ Birth date: _____
Street Address: _____ City: _____
Postal Code: _____ Email: (only if you check it once a week) _____
Home phone: _____ Cell: _____
Family Contact: _____ Phone #'s: _____
Relationship to you: _____

BIRTHDAYS! We celebrate them!
May we post your birthday on the monthly birthday poster? Yes No

PHOTO CONSENT (Print Name)

- I, _____, **DO NOT** give consent to take my photo.
- I, _____, **DO** grant permission and give my consent to **Campbell River Beacon Club Society** ('the Society') for the use of my photograph(s) or electronic media images for presentation under any legal use for the promotion of the Society.

The Photo Consent is valid from the time of signing until the following Membership Renewal.

I understand that I may withdraw this authorization at any time by notifying the Executive Director in writing. The withdrawal will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.

Signature: _____ Date: _____

OFFICE USE ONLY: Membership Payments (\$10 – 2023):

Date	Payment	Staff Initials