



MEMBERSHIP APPLICATION FORM

January 1 to December 31

PLEASE PRINT

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

PAYMENT RECEIVED: \$60.00 full year; CHEQUE ONLY if mailed

Received by _____

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PRIVACY OF INFORMATION:

This statement regards the use of your contact information. In order to comply with current legislation, please read and sign the final statement if you are in agreement. Otherwise, your contact information will be held by the executive and will not be available to others without your permission.

My contact information may only be used for the purpose of receiving the newsletter or other notifications from SOYRA. It is not for general use of the membership.

SIGNATURE: _____

Society of York Region Artists (SOYRA) Membership Information Terms & Conditions:

We value your privacy. SOYRA makes every effort to keep the personal information we collect from you when applying for membership private.

Your information will not be shared with the membership, guest artists and speakers, or with any other organization or third party.

SOYRA will use your email address to communicate with you and to send you a monthly eNewsletter and other important information about SOYRA events, shows, exhibitions, 'call for artist' information and other group related information.

As a SOYRA member, your name will appear in our online members' directory.

Information and images submitted to SOYRA and/or the website may be used for marketing and promotional purposes by SOYRA, e.g. printed materials, website, Facebook and Instagram.

As a SOYRA member, you will have the option of having an artist page on our website. An artist page with your bio/statement, contact information and images will only be setup with your consent. Artist pages will be promoted on SOYRA's social media channels. You can opt-out any time.

As a SOYRA member, you will have the opportunity to be a SOYRA Featured Artist and sell your original artwork on our website. Members must consent to take part and their names will be added to a list of participating artists. SOYRA Feature Artists will rotate monthly. Participating artist will be selected randomly from the list. SOYRA Feature Artists will be promoted on SOYRA's social media channels.

SIGNATURE: _____

DATE: _____

Mail completed and signed Membership Application Form, signed Terms & Conditions form and cheque for \$60.00 to:

Society of York Region Artists,
P.O. Box 71591,
Aurora, ON L4G 6S9