

2018 JCCC Kendo Club - Annual Membership

All members of the Japanese Canadian Cultural Centre must complete this form.

Please complete all sections and return this form (with payment) to the designated JCCC Kendo Club Representative(s).

PRINCIPAL MEMBER

Full Name: _____
Phone: _____ Email: _____
DOB (mm/dd/yyyy): _____ Kyu/ Dan: _____

ADDITIONAL FAMILY MEMBER(S) *(for family membership only; Must share same home address.)*

Full Name: _____ DOB (mm/dd/yyyy): _____ Kyu/ Dan: _____
Full Name: _____ DOB (mm/dd/yyyy): _____ Kyu/ Dan: _____
Full Name: _____ DOB (mm/dd/yyyy): _____ Kyu/ Dan: _____

MEMBERSHIP FEE (Full Year):

Adult (18 and over): \$40 _____ Cash/ *Cheque
Junior (under 18): \$30 _____ Cash/ *Cheque
Family Membership: \$60 _____ Cash/ *Cheque

** Please make cheque payable to JCCC Kendo Club.*

The fee stated above is the annual membership fee for the JCCC Kendo Club.

It does not include the annual membership fee for the Japanese Canadian Cultural Centre or the monthly martial arts class fee, both of which are payable directly to the JCCC. All fees are in Canadian dollars.

I, the undersigned, agree to assume full responsibility of charges and any additional costs related to the membership and participation in the JCCC Kendo Club not covered by any other agency.

I consent to the collection and disclosure of my personal information for the purposes of club administration.

For content that is covered by intellectual property rights, like photos and videos (IP content), you specifically grant the JCCC and the JCCC Kendo Club a non-exclusive, transferable, sub-licensable, royalty-free, worldwide license to use any IP content in connection with the JCCC Kendo Club, that is posted on the website, including without limitation, Facebook or any other social media website. My signature below indicates that I have read and acknowledged all of the above.

Name: _____ Signature: _____
(Parent/Guardian, if Principal Member is less than 18 years of age)

Date: _____

RECEIPT for 2018 JCCC Kendo Club Annual Membership

Member's Full Name: _____

Amount Received: _____ Payment Method: Cash / Cheque

Received by: _____ Date Received: _____