



EMMEDIA
 Gallery & Production Society
 Serving artists for 30 years

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 emmedia@emmedia.ca

PRODUCER MEMBERSHIP FORM

PLEASE PRINT CLEARLY

LAST NAME: _____ HOME #: (____) _____
 FIRST NAME: _____ WORK #: (____) _____
 ADDRESS: _____
 CITY: _____ PROVINCE: _____ POSTAL CODE: _____
 EMAIL: _____

PLEASE CHECK THE BOX BESIDE YOUR DESIRED MEMBERSHIP AND AGREE TO THE POLICY

INDIVIDUAL PRODUCER | \$65

This is for individuals who require access to equipment or facilities. Access is available to those Producer members who have completed EMMEDIA's training workshops (or equivalent) with the specific equipment required. The Producer membership is a full voting membership.

ORGANIZATIONAL PRODUCER | \$80

This is for organizations which require access to equipment or facilities. Access is available for organizational use through a delegate from the organization who has completed EMMEDIA's training workshops or equal with the specific equipment required. The Organizational Producer membership is a full voting membership.

I HAVE RECEIVED AND READ A COPY OF THE EMMEDIA MEMBERSHIP AGREEMENT POLICY

ORGANIZATION: _____

PRODUCER MEMBER INSURANCE

I am liable for the \$500.00 deductible in any insurance claim while using EMMEDIA equipment or facilities. EMMEDIA insures all equipment for vandalism, theft or fire on-site, off-site and in transit, with a \$500.00 deductible, which the Producer agrees to assume in the case of an insurance claim. Willful or accidental damage is not covered and the Producer is responsible for the total cost of repair or replacement in such a situation. The Members understand that equipment rentals and Facility access are subject to EMMEDIA's objectives and by-laws. The Producer is responsible for expendables. Late equipment returns are subject to extra billing. Non-member customers are fully liable for any damage to or of equipment and facilities while in their possession and for any other legal claims that may result.

I have read the Membership Agreement Policy and I declare that I am employing the services and/or equipment of EMMEDIA under the conditions therein and stated above and in the EMMEDIA Membership Agreement Policy. I acknowledge and accept these conditions and accept the responsibility for all items listed in my possession and for any other legal claims that may result. EMMEDIA is not liable for any damage or injury incurred through my use of its equipment and facilities.

BY SIGNING, I AGREE TO ABIDE BY THE POLICIES AND BY-LAWS OF EMMEDIA GALLERY & PRODUCTION SOCIETY.

SIGNATURE _____ DATE _____
 MEMBERSHIP WILL EXPIRE ONE YEAR FROM THIS DATE

FOR OFFICE USE ONLY

INVOICE #: _____ PAID IN: _____ DRIVER LICENSE/HEATH CARE #: _____ ID #: _____
 PRODUCTION APPROVAL: _____ OPERATIONS APPROVAL: _____ RENEWAL? _____