

Westshore Community Concert Band 2026/2027 Membership Application

Please PRINT your information LEGIBLY if you complete the form by hand.

Name: _____

Email: _____

Instrument(s): _____

Phone(s): Home: _____ Cell/Mobile: _____

Address: Street: _____

City/Town: _____ Postal Code: _____

☐ By my signature below I hereby apply to join/continue with the WESTSHORE COMMUNITY CONCERT BAND, and agree to be bound by its rules and obligations, to safeguard its music, equipment, uniforms and facilities, and to participate to the best of my abilities in its musical life.

☐ If I will be unable to attend a rehearsal or performance I will not take music home but will leave it with another band member or at the rehearsal venue so that others may make use of it during my absence.

☐ I promise not to attend WCCB functions while I have symptoms of any illness, and to advise the conductor and/or a board member of my absence.

☐ I **do not** consent to having my contact information distributed to band members other than the directors.

☐ I have completed a WCCB media release form (in the last 24 months)

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone: _____

Date: _____ Signature: _____

2026-2027 MEMBER DUES Option:

if you are unable to pay the entire amount of your dues immediately, you may split payments as follows: \$80.00 now and provide a cheque post-dated to the end of January 2026 for the remaining \$120.00

Please make cheques payable to "Westshore Community Concert Band".

Send e-transfers to "payment@westshoreband.org"

Full Year (Sept-Aug) **\$200.00** ☐ Cash ☐ Cheque ☐ E-Transfer ☐ Debit/Credit

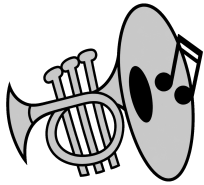
Four Months (Sept-Dec) **\$80.00** ☐ Cash ☐ Cheque ☐ E-Transfer ☐ Debit/Credit

Eight Months (Jan-Aug) **\$120.00** ☐ Cash ☐ Cheque ☐ E-Transfer ☐ Debit/Credit

I am also DONATING \$ _____ to the Westshore Community Concert Band.

(Donations over \$20.00 are eligible for a tax receipt on request.)

Date(s) Paid: _____ Received By: _____



Westshore Community Concert Band

Photo and Media Release (permanent unless rescinded)

Photos and audio/video recordings are sometimes taken during our public community events to share with others and promote the WCCB. These may be used in our printed materials, social media, website, or other forms of media.

By signing this form, you are giving permission to Westshore Community Concert Band to use photos or videos of you (or your child, if applicable) for the purposes you approve below.

Consent – Please check one or more of the following options:

☐ I give permission for photos and/or videos of me (or my child, if under 18) to be used in:

- ☐ Printed materials (e.g. posters, brochures, newsletters)
- ☐ Online media (e.g. website, social media platforms)
- ☐ News articles or media coverage
- ☐ Other promotional materials (e.g. slideshows, presentations)

☐ I do not give permission. I need my image and name to remain private, and I ask that no photos or identifiable recordings of me (or my child) be taken or used.

I understand that:

- No personal information (such as full names or contact info) will be shared without additional consent.
- Approved materials are to be used without financial compensation.
- I can withdraw my consent at any time by emailing the band at info@westshoreband.org.

Please note:

*The safety and comfort of all our members and guests is of utmost importance. Photos and audio/video recordings are **not** permitted before/after or during rehearsals unless prior consent is given by all individuals in attendance. This includes photos and audio/video recordings of the rehearsal space and individuals' personal items.*

Please contact the WCCB board of directors should you have any concerns or questions.

Full Name: _____

(If under 18) Name of Parent/Guardian: _____

Signature: _____

Date: _____

Contact Email &/or Phone (optional): _____