



CANADIAN SOCIETY OF CINEMATOGRAPHERS

131-3085 Kingston Road, Toronto, ON Canada M1M 1P1 • Tel: 416-266-0591 • www.csc.ca

### Associate Membership Application

Please attach a current CV

Submit to: [admin@csc.ca](mailto:admin@csc.ca)

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Reel Link:** \_\_\_\_\_

**Province:** \_\_\_\_\_ **Instagram:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Twitter:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

How long have you been working as a professional cinematographer? \_\_\_\_\_

What unions and cinematography associations are you affiliated with? \_\_\_\_\_

Why do you want to be a Member of the CSC? \_\_\_\_\_

\_\_\_\_\_

How do you think you could contribute to the CSC? (Volunteering, teaching, etc.) \_\_\_\_\_

Are you interested in being a mentor? \_\_\_\_\_

OR  
Are you interested in being mentored? \_\_\_\_\_

References of current CSC members or other industry professionals:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

Upon acceptance, CSC Office will invoice as follows:

Initiation/Rejoin Fee	\$ 100.00
Annual Membership Fee	\$ 300.00
IMAGO Assoc. Fee	15.00

Please note: GST or HST that is applicable to your place of residence is to be included as follows:

0% = NON-RESIDENT / 5% GST = AB, BC, MB, SK, NT, NU, YT, PEI, QC / 13% HST = ON, NB / 15% HST = NS/NL

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**MEMBERSHIP REQUIREMENTS**

**Associate Membership**

The applicant must be recognized as a working cinematographer, for a period acceptable to the membership committee.

Applicants who are existing members of the Society in another class must be in good standing.

Associate members are expected to volunteer reasonable time to assist in the Society's activities and operations, on occasional request from the Society's management. Examples of such activities might include organizing or conducting a CSC education event, coordinating selected public relations activities, or reviewing technology for a CSC publication or event.

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**FOR COMMITTEE USE ONLY**

Approval Date: \_\_\_\_\_

Membership Number: \_\_\_\_\_

\_\_\_\_\_  
Membership Committee Chair – Signature

\_\_\_\_\_  
Membership Committee Chair – Signature

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**CHECK LIST - CSC OFFICE USE ONLY**

FmPro#\_\_\_ Letter \_\_\_ Email Contact Card \_\_\_ Email Mem. Region \_\_\_\_\_

eMarketing \_\_\_ Acctg. Card File \_\_\_ Identifier \_\_\_ Receipt \_\_\_ Custom Field 3 Mem#\_\_\_

May 2020