Associate Membership Application Please attach a current CV

Submit to: 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?		
Film School (if attended):(Film School Production must be identified on submitted CV)	From:	To:
Why do you want to be a Member of the CSC?		
How do you think you could contribute to the CSC? (Volunteering, tea	ching, etc.)	
And the state of t		
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:		
Annua	on/Rejoin Fee \$ Il Membership Fee \$ O Assoc. Fee	3 100.00 3 300.00 15.00
Please note: GST or HST that is applicable to your place of residence 0% = NON-RESIDENT / 5% GST = AB, BC, MB, SK, NT, NU, YT, PE		
	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.

The applicant must be either a Canadian Citizen, Canadian Landed Immigrant, Canadian resident for the last two years, or have proof of a meaningful tie to Canada or the Canadian filmmaking community. The applicant's meaningful ties to Canada will be considered and decided by the Membership Committee and its chair(s). Applicants may also include any qualified individual who self-identifies as Indigenous (First Nations, Métis, Inuit,...) with ancestral lands within or overlapping what is currently called Canada.

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.

FOR COMMITTEE USE ONLY				
Approval Date:		Membership Number:		
Membership Committee Chair – Signature		Membership Committee Chair – Signature		
CHECK LIST - CSC OFFICE USE ONLY				
FmPro# Letter	Email Contact Card _	Email Mem. Region		
eMarketing Acctg. Card F	File Identifier	Receipt Custom Field 3 Mem#		

March 2021