

Pastel Society of Central Florida

PSCF MEMBERSHIP APPLICATION

Annual memberships are \$30 and cover memberships from January 1 to December 31. New members who join in the last three months of any year will be considered fully paid through December 31 of the following year.

New members, if you would like a magnetic name tag (optional) imprinted with the PSCF logo, please add the following cost to your first-year membership dues. If you live out of the area and would like the name tag mailed to your home address there is an additional charge of \$5. Please check your preference below and include a check for the total charge. New members are required to sign the attached waiver form and send it with the application form.

- Member dues \$30
- Name tag \$ 7
- Mailing Charge to mail name tag \$ 5

TOTAL CHARGE _____

___ **Please check if this is a renewal. *Renewal payment is due in January.***

PSCF is a member of the International Association of Pastel Societies (IAPS). Membership in PSCF automatically includes IAPS membership.

Print Clearly Date _____ Check # _____ Amount _____ Date Rec'd _____ (PSCF USE)

Name _____

If this is a new membership, please enter the name as you would like it to appear on your name tag.

Address _____

City _____ State _____ Zip _____

*E-Mail Address _____

*Your website: _____

Phone: Home (_____) _____ Cell (_____) _____

**NOTE: Your name, email and Website will be listed on the PSCF website unless you specifically request otherwise: Please select publishing preference: ___ Okay to publish ___ Please do not publish*

Membership also includes the option to have a "Member Page" on the PSCF website which can include a brief Artist Statement and up to 10 photos of your work. For more info, please contact Membership Chair.

Make checks payable to: **Pastel Society of Central Florida** - *Please do not send cash*

Mail this APPLICATION and LIABILITY RELEASE WAIVER to:

Attn: Carlene Crowley, PSCF Membership Chair
10985 SW 48th Terrace, Ocala, FL 34476
gingerstree@yahoo.com

Website: www.pastelsocietyofcentralflorida.com

Pastel Society of Central Florida
Liability Release Waiver

The undersigned acknowledges and agrees to the following:

I attend the functions of the Pastel Society of Central Florida of my own free will and I am fully and personally responsible for my own safety and actions while engaging in these functions.

I hereby release, waive, discharge the Pastel society of Central Florida, its Board, officers, independent contractors, affiliates, representatives, successors, and the assigns from any and all liability claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, illness, injury or death, that may be sustained by me relating to this function including contacting COVID-19 or any variant while participating in any activity in, on, or around the facilities during the Pastel Society of Central Florida meetings and/or events.

I agree to indemnify, defend, and hold harmless the Pastel Society of Central Florida from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released parties due to illness, injury, loss, or death including the contact of COVID-19 or a variant.

By signing below, I knowlege that I have read the foregoing Liability Release Waiver and understand its contents, that I am at least eighteen (18) years old and fully competent to give my consent, that I am sufficiently aware of the risks involved and give my voluntary consent by signing this as my own free act and deed; with full intention to be bound by the same, and free from inducement or representation.

This waiver will remain as long as I remain a member of the Pastel Group of Central Florida.

Printed Name: _____

Signature: _____

Date: _____