Creative Arts Center
Member Enrollment Form

PO Box 1164, Eureka, Montana 59917-1164
Website: www.CreativeArtsEureka.org
Email: info@eurekaartsandhistory.org Phone: 297.3270

Today's Date: _____

☐ **NEW MEMBER**
☐ **MEMBERSHIP RENEWAL**

1st Member: _____

Birthdate if Individual Member is a minor: _____

(If enrolling as a family fill out additional members names - up to 4 members' total. If additional members are needed please see section to the right)

2nd Person: _____

3rd Person: _____

4th Person: _____

Address: _____

_____

Phone: _____

Email: _____

I have enrolled in the following:

Class(es): _____

Instructor(s): _____

Parent/guardian signature if member is a minor:

Parent/Guardian Name _____

Parent/Guardian Signature _____

Relationship to minor _____

Membership Type: (check one)

☐ **Temporary Membership $2 per person per day**
☐ **Individual - $25/year**
☐ **Family - $35/year for first 4 members and $5 per member thereafter (list first 4 to the left and additional family members here if needed)**

(+$5) _____

(+$5) _____

Amount Paid: _____

Cash
Online - Payee Name _____
Check #: _____

The CAC is run by a volunteer Board of Directors. We look to our members for help so we can continue to provide a variety of art programs. Below is a list of ways you can help. Please circle ways you would like to help.

☐ Yes! I would like to volunteer!

Rendezvous (April)
LC Fair (August)
Back to School Bash (August)
Registration Fair (September)
Non-Profit Expo (October)
Trego Heritage Days (October)
Holly Faire (December)
CADS Dance Performance (January & May)
Clean-up Days (Summer)
Sell Raffle Tickets (Year-round)
Host a fundraiser (Anytime)
Post Flyers
Help with Social Media
Make a Donation
Other

PLEASE FILL OUT BACK SIDE OF THIS FORM

For office use: QB database mailchimp volunteer

HOLD HARMLESS AND EMERGENCY INFORMATION FORM

Every effort is made to avoid accidents and illness while involved in programs at the Creative Arts Center. However, participants and their guardians must acknowledge that participation is at their own risk. In the event of injury or illness, the participant and/or guardian agree to hold the Creative Arts Center, the Creative Arts Council and its Board, along with its volunteers, staff, and instructors harmless and not responsible for damages and/or medical fees associated with injuries or illness occurring while involved in the programs or while on the premises. My signature below confirms this understanding.

Permission to administer first aid and/or obtain needed medical attention for an injured participant in the event emergency contacts cannot be reached is hereby granted.

_____

Signature of Participant (*or of guardian if participant is a minor)* Print your last name Date

Name(s) of minor(s) (List only if not included on reverse side) _____

_____

Program(s): _____

Emergency Contact #1 Phone: _____ Name: _____

Emergency Contact #2 Phone: _____ Name: _____

Preferred Doctor or Clinic: _____ Phone #: _____

Known Allergies: _____

VIDEO AND PHOTO RELEASE (optional)

I hereby grant to the Creative Arts Council and its employees, agents, and assignees permission to photograph and/or videotape images of me and/or my minor child(ren) and permission to use any physical likenesses (as the same may appear in any still camera or motion image including voice and other sound recordings produced by me) for promotional and documentation purposes associated with the operations of the Creative Arts Council and the Creative Arts Center including (but not limited to) advertising, informational and grant writing operations with no restrictions on the number of times and dates for which this use applies. I hereby also waive any rights I may have to inspect or approve the finished production, advertising copy, or printed matter associated with the uses with which said images and recordings may be applied.

Video/Photo names of all participants: _____

_____

Signature of Participant (*or of guardian if participant is a minor)* _____

Date: _____

Revised 9/03/25