

# CENTRAL OHIO ORCHID SOCIETY YEARLY MEMBERSHIP FORM

NEW MEMBERSHIP       RENEWAL OF MEMBERSHIP

<b>Name(s)</b>	
<b>Address</b>	
<b>Phone:</b>	
<b>Email(s)</b>	

**Yearly Dues Enclosed**       \$25 (family)       \$20 (individual)

<b>Please make checks payable to:</b>  <b>CENTRAL OHIO ORCHID SOCIETY</b>	<b>Complete this form and bring with check to a meeting, or mail to:</b>  <b>Treasurer - Central Ohio Orchid Society</b> <b>3498 Kimberly Avenue</b> <b>Columbus, OH 43224</b>
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**ACCEPT PHOTOGRAPHIC AND VIDEO CONSENT AND RELEASE**

By checking this box and signing this membership form, I provide the Central Ohio Orchid Society (COOS) with my permission to publish, reproduce, and distribute any and all photographs of my plants, displays, personal image, and related images taken or that I submit during COOS virtual or in-person activities.

Utilization of images are solely for publication in the COOS newsletter, website, social media platforms, publicity materials, and other COOS fundraising activities.

Additionally, I acknowledge that this release applies to videotapings and sound recordings, and their subsequent reproductions through video or photograph for the above purposes.

I understand that, as a voluntary participant, I will not be paid for these photographs and/or video footage, and I may revoke my permission for use at any time in writing to the COOS president.

**DECLINE PHOTOGRAPHIC AND VIDEO CONSENT AND RELEASE**

By checking this box and signing this membership form, I decline permission, and understand that Central Ohio Orchid Society (COOS) will make every effort to comply. However, I will assume responsibility to ensure that my plant submissions are marked "not to be photographed."

I will also take responsibility to ensure my personal image and related images are not recorded or taped, by actions such as: turning off my camera during virtual meetings, sitting out of camera focus in live meetings, holding questions until presentation recording has ceased, etc..

<b>1<sup>st</sup> Signature</b> Individual	
<b>2<sup>nd</sup> Signature</b> Family	
<b>Date</b>	