

# CENTRAL OHIO ORCHID SOCIETY ANNUAL MEMBERSHIP APPLICATION

New Membership

Renewal membership

Name(s):

All contact information is the same as last year.

All consents, releases, and codes noted below accepted.

Address:

Phone(s):

Email(s):

Annual Dues Enclosed:  \$25 (Family)  \$22 (Individual)

Complete this form and bring with check to a meeting, or mail to:

Secretary - Central Ohio Orchid Society  
886 Babbington Ct.  
Westerville, OH 43081

Please make check payable to  
**CENTRAL OHIO ORCHID SOCIETY**

**ACCEPT PHOTOGRAPHIC AND VIDEO CONSENT AND RELEASE**

I provide the Central Ohio Orchid Society (COOS) with my permission to publish, reproduce, and distribute any and all photography of my plants, displays, personal images, and related images taken or submitted by me during COOS virtual and in-person activities. Utilization of images are solely for publication in the COOS newsletter, website, social media platforms, and other COOS fundraising activities. I acknowledge this release applies to videotapings, 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 or video footage, and I may revoke my permission for use at any time by writing to the COOS president.

**DECLINE PHOTOGRAPHIC AND VIDEO CONSENT AND RELEASE**

I decline permission, and understand that Central Ohio Orchid Society (COOS) will make reasonable efforts to comply. I assume responsibility to ensure that my plant submissions are marked "not to be photographed or videotaped."

I also take responsibility to ensure my personal and related images are not photographed or videotaped by actions such as turning off my computer or phone camera during virtual meetings, sitting out of camera focus in live meetings, and holding questions until presentation recording has ceased.

**ACCEPT CENTRAL OHIO ORCHID SOCIETY'S MISSION AND CODE OF CONDUCT**

We expect all members to act with propriety so everyone's experience is positive. Any concerns can be readied confidentially to a Board member for the Board to address accordingly. By checking **ACCEPT** and submitting electronic payment, I am:

- Agreeing to uphold the Society's Mission of Learning, Growing, Sharing.
- Acknowledging the expectation that all members treat each other respectfully.
- Confirming the understanding that, along with a shared love of orchids, we are bringing a diversity of experiences, beliefs, and backgrounds to the society.

1st Signature:

(individual)

2nd Signature:

(family)

Date: