

CENTRAL OHIO ORCHID SOCIETY ANNUAL MEMBERSHIP FORM

 NEW MEMBERSHIP
 RENEWAL OF MEMBERSHIP

Name(s)	
Address	
Phone:	
Email(s)	

Annual Dues Enclosed	<input type="checkbox"/> \$25 (family) <input type="checkbox"/> \$20 (individual)
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Please make checks payable to: CENTRAL OHIO ORCHID SOCIETY	Complete this form, bring with check to a meeting, or mail to: Treasurer - Central Ohio Orchid Society 70 East Kelso Rd. Columbus, Ohio 43202
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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 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. I acknowledge that 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 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

I decline permission, and understand that Central Ohio Orchid Society (COOS) will make every effort to comply. 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, and holding questions until presentation recording has ceased.

ACCEPT SOCIETY'S MISSION AND CODE OF CONDUCT

By checking **ACCEPT** and submitting electronic payment, I am:

- Agreeing to uphold the society's [Mission](#) of [Learning, Growing, Sharing](#)
- Acknowledging that all members need to 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

We expect all members to act with propriety so the experience is a positive one for everyone. Any concerns can be raised confidentially to a Board member for the Board to address accordingly.

1st Signature Individual	
2nd Signature Family	
Date	