



# RICHMOND POTTERS' CLUB

7700 Minoru Gate  
 Richmond, BC V6Y 1R8  
 www.richmondpottersclub.com

DATE:

## RENEWAL MEMBERSHIP FORM

ISSUING ID CARD #:
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### MEMBER'S INFORMATION

FIRST NAME:	LAST NAME:	
ADDRESS:	CITY:	POSTAL CODE:
PHONE:	CELL:	
EMAIL:		

### MEMBERSHIP FEES

\$100.00 PER YEAR (SEPTEMBER – AUGUST) DUE IN FULL WHEN RENEWING	OPTION TO RENT A CUBBY HOLE IS AVAILABLE FOR \$10.00 PER YEAR (SEPTEMBER – AUGUST)
MEMBERSHIP DUES PAID BY: <input type="checkbox"/> CHEQUE <input type="checkbox"/> CASH AMOUNT PAID: \$	

### MEMBERSHIP COMMITMENTS

1	AS A MEMBER IN GOOD STANDING, HAVE YOU ATTENDED 3 BUSINESS MEETINGS IN THE PAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO																					
2	MY CLEAN-UP DATE IS:																					
3	I WILL BRING REFRESHMENTS ON:																					
4	<p>I WILL BE CHAIRING _____ COMMITTEE(S) <b>OR</b></p> <p>I WILL <b>ACTIVELY PARTICIPATE</b> ON ONE OR MORE OF THE FOLLOWING COMMITTEES:</p> <table border="0"> <tr> <td><input type="checkbox"/> ARCHIVES</td> <td><input type="checkbox"/> CLASSES</td> <td><input type="checkbox"/> FUNDRAISING</td> </tr> <tr> <td><input type="checkbox"/> GLAZING</td> <td><input type="checkbox"/> HEALTH &amp; SAFETY</td> <td><input type="checkbox"/> HOUSEKEEPING</td> </tr> <tr> <td><input type="checkbox"/> KILN</td> <td><input type="checkbox"/> LIBRARY</td> <td><input type="checkbox"/> MEMBERSHIP</td> </tr> <tr> <td><input type="checkbox"/> NEWSLETTER</td> <td><input type="checkbox"/> PHONING</td> <td><input type="checkbox"/> PROGRAMS</td> </tr> <tr> <td><input type="checkbox"/> REFRESHMENTS</td> <td><input type="checkbox"/> SALES</td> <td><input type="checkbox"/> SCRAPBOOK</td> </tr> <tr> <td><input type="checkbox"/> WEBSITE</td> <td><input type="checkbox"/> TREASURER</td> <td><input type="checkbox"/> SECRETARIAL</td> </tr> <tr> <td><input type="checkbox"/> NOMINATING COMMITTEE</td> <td><input type="checkbox"/> INFO CONTACT</td> <td>(MUST BE WILLING TO HAVE YOUR NAME AND EMAIL PUBLISHED)</td> </tr> </table>	<input type="checkbox"/> ARCHIVES	<input type="checkbox"/> CLASSES	<input type="checkbox"/> FUNDRAISING	<input type="checkbox"/> GLAZING	<input type="checkbox"/> HEALTH & SAFETY	<input type="checkbox"/> HOUSEKEEPING	<input type="checkbox"/> KILN	<input type="checkbox"/> LIBRARY	<input type="checkbox"/> MEMBERSHIP	<input type="checkbox"/> NEWSLETTER	<input type="checkbox"/> PHONING	<input type="checkbox"/> PROGRAMS	<input type="checkbox"/> REFRESHMENTS	<input type="checkbox"/> SALES	<input type="checkbox"/> SCRAPBOOK	<input type="checkbox"/> WEBSITE	<input type="checkbox"/> TREASURER	<input type="checkbox"/> SECRETARIAL	<input type="checkbox"/> NOMINATING COMMITTEE	<input type="checkbox"/> INFO CONTACT	(MUST BE WILLING TO HAVE YOUR NAME AND EMAIL PUBLISHED)
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**YOUR NAME AND PHONE NUMBER WILL BE FORWARDED TO THE COMMITTEE(S) CHAIR AND THEY WILL CONTACT YOU**