

Event Professionals in Connecticut Membership Form

DATES: _____ - _____

INDIVIDUAL MEMBERSHIP FORM

First Name: _____ Last Name: _____

Company Name: _____

Indicate your Event Field (Ex. "photographer"): _____

Email Address: _____

Phone Number: _____

Company Website Address: _____

Inclusion in our online membership directory is complementary to our members
(This includes hyperlink to all of your social media outlets)

Check here if you prefer not to be added _____

By Applying for EPIC Membership, you agree to accept electronic email, telephone calls and other communications from EPIC, unless you notify us that you do not wish to receive such communications. Please be advised that photographs will be taken at the events for use on the EPIC website and in marketing and other materials. By attending the events, you consent to EPIC photographing and using your image and likeness.

Signature _____ Date: _____

Membership Dues: Membership is annual from September to August

- **Individuals:** \$200 Per Year: (after September \$20 per month from month joined - August
- **Company:** \$200 Per Year for first employee/ \$100 per each additional employee (after September \$20 per month for first employee and \$10 per month for each additional employee from month joined – August

Payment Method (circle one) - Check / Cash

Mail to: EPIC CT : c/o David's Soundview Catering

Checks made out to : EPIC

Mail to: EPIC CT

c/o David's Soundview Catering

471 Elm street, Stamford , CT 06902

EPIC Board Member Signature who verified

Payment: _____ Date: _____

EPICGroupCT.com

EPICGroupCT@gmail.com

<https://www.facebook.com/EventProfessionalsInConnecticut/>



Event Professionals in Connecticut Membership Form

DATES: _____ - _____

COMPANY MEMBERSHIP FORM

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

Company Name: _____

Indicate your Event Field (Ex. "photographer"): _____

Email Address: _____

Phone Number: _____

Company Website Address: _____

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