

## WASHINGTON PARK CAMERA CLUB MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Last Name:		First Name:	
Home Phone	Work Phone	Mobile Phone	
Current address:			
City:	State:	ZIP Code:	
E-mail:	Web Site	DOB (Mon & Day Only)	

### EMERGENCY CONTACT (OPTIONAL)

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

### SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:		
Phone:		

#### **Dues:**

Annual dues (currently \$60.00 per individual member) cover the fiscal year beginning July 1<sup>st</sup> and ending June 30<sup>th</sup> of the next year. Members with dues in arrears for three months after September 1 will be dropped from membership rolls. **New members** joining after January 1<sup>st</sup>, shall be billed for half the annual dues. Please make checks payable to **Washington Park Camera Club**.

#### **Member Obligation and Waiver of Responsibility:**

Your Signature(s) on this application implies acceptance of the rules and regulations regarding membership published by the club as stated in Article II of the club by-laws. (See Attached).

All reasonable precautions will be taken to prevent or avoid the loss of or damage to member property submitted to the club, including transparencies, prints, snapshots, postcards or digital images. The **Washington Park Camera Club**, however, assumes no responsibility for any such loss or damage.

### SIGNATURES

I (we) have read and agree to the benefits and obligations of membership as stated in the attached Article II of the by-laws of the Washington Park Camera Club.

Signature of applicant:	Date:
Signature of spouse (only if for a joint membership):	Date:

#### FOR CLUB USE ONLY

Date Rec'd:	_____
Amount Paid	\$ _____
Provided to Member:	
Membership Card	_____
Profile Form	_____
Competition Rules	_____
Membership Roster	_____