



CHASCO CAMERA CLUB
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CHASCO CAMERA CLUB MEMBERSHIP APPLICATION

Please complete the following information by printing legibly. Thank You .

If another family member is joining with you, please print his or her first name in the box provided.

LAST NAME:	
FIRST NAME:	
other family member 1 st name:	
STREET/MAILING ADDRESS:	
CITY, STATE, ZIP CODE:	
PHONE NUMBER:	
E-MAIL ADDRESS:	

Annual dues are \$25.00 per individual member and \$35.00 for family. Dues are due and payable in January of each year. Applications received after June 30th shall be half of the annual dues. If dues are in arrears for three months, the member will be considered dropped.

PLEASE MAKE CHECKS PAYABLE TO: **Chasco Camera Club**

Waiver of Responsibility:

While all possible precautions will be taken by the Competition Committee, neither they nor the Chasco Camera Club can assume responsibility for the loss of, or damage to transparencies, prints, snapshots or movies submitted, and submission of transparencies, prints, snapshots or movies implies acceptance of the rules and regulations published by the Club.

The purpose of the Chasco Camera Club is to share and promote the hobby of photography and to help and be helped in a spirit of cooperation. A club cannot function without the participation of its members; therefore, I agree to help in any way possible. I have read and agree to the benefits and obligations of membership.

_____ Member Signature

_____ Member Signature

RECEIPT OF DUES
(For Office Use Only)

Amount Received, Check Number:	
Treasurer:	
Date:	

Welcome to the Chasco Camera Club !