



CHASCO CAMERA CLUB MEMBERSHIP APPLICATION

Please complete the following information by PRINTING legibly. Thank you.

* If your spouse is also joining with you, please print their name in the box provided.

LAST NAME:	
FIRST NAME:	
SPOUSE'S FIRST NAME:	
STREET / MAILING ADDRESS:	
CITY, STATE, ZIP CODE:	
PHONE NUMBER:	
E-MAIL ADDRESS:	
WEB PAGE ADDRESS:	
MONTH OF BIRTH	

Annual dues are \$25.00 per individual member and \$35.00 for couples. Dues are due and payable January of each year. Dues will be prorated at a quarterly rate. If dues are in arrears for three months, the membership 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 to any photographic prints on digital images submitted for competition through the Chasco Camera Club.

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

X _____
Members Signature

X _____
Members Signature

Receipt of Dues	For Office Use Only
Amount Received & Check #	
Treasurer:	
Date:	