Whaling City Camera Club

Membership F	Plan <u>s</u>		
Individual Membership: \$45 • Cash • Check # Family Membership: \$60 • Cash • Check #			
form.	re related members residing at this form and return it with yo		residence. Each family member must fill out a membership for membership.
Name			Cell Phone
Address			Home Phone
City	State	Zip	Camera
Email			
cost, injury, dame non-activity of sa property whatso	age and liability incurred by aid Club or any of its membe ever. Such cost, injury, dama	me or any ers arising fi age and liab	City Camera Club and any and all of its members from a guest of mine, from or as the result of any activity or from any Club activity or non-activity, to any person or bility incurred by or to any of the above shall include, bu ost, expenses of litigation and reasonable attorney fees.
any competition, or facsimile there	, but not limited thereto, tha	t I hereby g e, for public	y me to the club, for any purpose whatsoever, including give and grant to said Club a license allowing use of saic cation and/or display in any media, including the
his or her guest of affixed to hereur	of such disclaimer and its te	rms and tha ge that I ha	he obligation and responsibility of the member to inform at said guest is bound thereby. By virtue of my signature ave received a copy of said above disclaimer, read and rth therein.
		_	l acknowledge that I have received a ms and agree to all such terms set forth
Signature			

Mail this signed form with your check to: WCCC * P.O. Box 70154 * Darmouth, MA. 02747 Make checks out to Whaling City Camera Club