



**Whaling City  
Camera Club**

# Whaling City Camera Club

## MEMBERSHIP APPLICATION

### 2018 - 2019 SEASON

#### MEMBERSHIP PLANS

Individual Membership	\$35.00
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Family Membership	\$50.00	"Two or more related members residing at the same residence" as defined in the WCCC By-Laws
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Please complete this form and return it with your payment for membership. (See below)

#### APPLICANT INFORMATION: EACH MEMBER MUST COMPLETE HIS/HER OWN APPLICATION

Name:

Cell Phone:	Home Phone:	Camera(s):
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Current Address:

City:	State:	ZIP Code:
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Email Address:

<input type="checkbox"/> Individual (\$35.00)	<input type="checkbox"/> Family (\$50.00)
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I hereby agree to save and hold harmless the Whaling City Camera Club and any and all of its members from all cost, injury, damage and liability incurred by me or any guest of mine, from or as the result of any activity or non-activity of said Club or any of its members arising from any Club activity or non-activity, to any person or property whatsoever. Such cost, injury, damage and liability incurred by or to any of the above shall include, but not limited thereto, in the event of court action, court cost, expenses of litigation and reasonable attorney fees.

I further agree, that whenever an image is submitted by me to the club, for any purpose whatsoever, including any competition, but not limited thereto, that I hereby give and grant to said Club a license allowing use of said or facsimile thereof, free of any charge or fee, for publication and/or display in any media, including the internet, related to said Club and its lawful activities.

This disclaimer shall apply to all guests and it shall be the obligation and responsibility of the member to inform his or her guest of such disclaimer and its terms and that said guest is bound thereby. By virtue of my signature affixed to hereunder, I agree and acknowledge that I have received a copy of said above disclaimer, read and understood its terms and agree to all such terms set forth therein.

By virtue of my signature affixed to hereunder, I agree and acknowledge that I have received a copy of said above disclaimer, read and understood its terms and agree to all such terms set forth there in.

Signature : \_\_\_\_\_

Date: \_\_\_\_\_

Make check payable to: Whaling City Camera Club

Please give check and application to Chairperson of the Membership & Hospitality Committee.

or mail chek and application to:

Whaling City Camera Club  
P. O. Box 70154  
Dartmouth, MA 02747