

Crescent Beach Photography Club Membership

Name _____

Names of other family members _____

(as part of this membership fee) _____

Address _____

City _____ Postal Code _____

Phone _____

Email _____

Fees Individual \$50.00 Family \$75.00 Cash Cheque

The Club membership year is September 1 to August 31 each year.

Your contact information (name, address, phone number and email address) is shared ONLY with Crescent Beach Photography Club members.

Waiver

For the effective operation of the Club, in the conducting of all activities:

Whereas photography is a hobby for the Crescent Beach Photography Club members, planned activities add to the enjoyment of the hobby.

It is hereby stipulated that each person participating in any Club sponsored event or competition does so of his/her own accord and at his/her own risk. The Club, its elected directors, officers, and appointed chairpersons assume no responsibility for the personal safety, or the safety of any equipment or photographs, of those who do participate.

Participation is acknowledgement by those participating that they, individually, assume all risks involved and will not hold the Crescent Beach Photography Club or its elected directors, officers, or chairpersons responsible.

I consent to the Club to use my email address in group mailings.

I have read and understand the **“Waiver”** and agree to the terms identified in this document with my signature below.

Print Name _____

Signature _____

Date _____