

## SOUTH TOWNS CAMERA CLUB

## **Application for New Membership**

Membership: □ \$50 Single □ \$90 Joint

|        | Name:   | (Joint)   | Name:   |
|--------|---|---|---|
| Addre  | ess:  |   |   |
| Phone  | :#  | Cell #  |   |
| E-mai  | 1(1)  | (2)   |   |
| Other  | Club Membership? □Yes □No   | Club:   | Competition level:  |
| Do yo  | ou engage in professional photog  | graphy? 🗆 Yes 🗆 No  | Genre:  |
| Will y | ou be participating in the month  | ly Club competitions  | ? ☐ Yes ☐ No ☐ Not Sure   |
| Have   | you ever judged a competition?  | ☐ Yes ☐ No Wo   | uld you like to? 🗆 Yes 🗆 No   |
| Have   | you presented programs? 🗆 Yes   | s □ No Would you  | ı like to? □ Yes □ No   |
| Would  | d you like to assist and/or tutor b   | oeginners? □ Yes □  | No  |
| What   | type of programs would you like   | e to see?   |   |
| Do yo  | ou have any suggestions for field   | trips?  |   |
| 1.     | Agree that images shared with digital projection, internet pub Electronically and physically s responsible for any unauthoriz   | STCC may be publish<br>lication, contest entry<br>shared images may be<br>ed use of images, or li | ating in STCC-sponsored activities I:<br>led in club-related media. This may include<br>(STCC, interclub and PSA) or other forms.<br>vulnerable to harm or piracy. STCC is not<br>tigation that may result from such use. |
| 2.     | . Acknowledge that I understand the nature of activities in which I choose to participate, and I in proper physical condition to participate in such activities. I acknowledge that an activity n |   |   |

entirely voluntary.

3. Hereby release, discharge and covenant not to sue the STCC, its affiliates, their respective administrators, directors, and officers from all liability, claims, demands, losses or damages.

involve certain hazards. I agree that if at any time I believe the conditions to be unsafe, I will immediately discontinue further participation in the activity. Participation in all club activities is

I have read this Agreement and understand its terms.

Participant's Signature:

(Parent or legal guardian must sign if participant is under 18 years of age.)

## Please make check payable to STCC. Send completed form and check to:

Sarah Connaughton 603 Jewett Holmwood Road East Aurora, NY 14052.

You can also join at a meeting. Visitors are always welcome.