

MEMBERSHIP APPLICATION and RENEWAL FORM

National Institutes of Health Camera Club (NIHCC)

The club is open to anyone who has an interest in photography. The Treasurer collects Camera Club dues by September.

NAME: _____

ADDRESS: _____

PHONE #: _____ HOME CELL: _____

E-MAIL ADDRESS: _____

ANNUAL DUES (please check the appropriate line):

\$_____ Single membership: **\$25**

\$_____ Family membership (Family members in same household): **\$40**

AMOUNT PAID \$_____

Cash Check # _____

MAKE CHECKS PAYABLE TO: NIH Camera Club

SEND TO: Stan Collyer, Treasurer
701 King Farm Blvd. Apt. 522
Rockville, MD 20850
Email: sccollier@aol.com

WAIVER

I hold the NIH Camera Club (NIHCC) and each member of NIHCC, individually and collectively, blameless for any injury that may occur to me or my guests, or my property while participating in any NIHCC activity or event.

Print Name _____

Signature _____ Date _____