

MEMBERSHIP APPLICATION and RENEWAL FORM

National Institutes of Health Camera Club (NIHCC)

Membership in the NIH Camera Club historically consisted of current and former NIH employees and their families. The club is now open to anyone who has an interest in photography. The Treasurer collects Camera Club dues by September.

DATE: _____

NAME: _____

HOME or WORK ADDRESS: _____

PHONE #: HOME _____ CELL _____ WORK _____

E-MAIL ADDRESS _____

FEES (please check the appropriate line(s):

\$__ Single membership: \$40

\$__ Family membership (Family members must live in same household):

2 family members: \$64 3 family members: \$88

TOTAL AMOUNT PAID \$ _____ Cash _____ Check # _____

MAKE CHECKS PAYABLE TO: NIH Camera Club

SEND TO: Stan Collyer, Treasurer

8817 Belmart Road
Potomac, MD 20854
H-301-299-6955
Email: sccollyer@aol.com

Please indicate how you would like to be involved in NIH Camera Club activities:

- | | |
|-------------------------------------|-------------------------|
| ---Program Committee | ---Membership Committee |
| ---Social Committee | ---Publicity Committee |
| ---Field Trip Committee | ---Newsletter Committee |
| ---Workshop and Education Committee | ---Website Committee |

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