

2018 – 2019 Cranford Millburn Camera Club Membership Application

Cash: _	
Check:	
Check No:	
Date:	

Please complete all	the information	on requested below:		
Name:				
Address:				
City:		State:	Zip Code:	
Phone:	_			
Email:				
Membership Dues:				
Individuals:	•			
Family:	\$60			
Students:	\$30			
from September t	hrough May.	•	ions and cover the schedule of progranclude submission types in assigned and.	
See the CMCC wel	osite for the c	urrent schedule and mee	eting locations – <u>www.cmcameraclub.c</u>	org.
Make checks paymeeting. Please d			ra Club and bring this application to	the
any claims, charges, d compensatory, incident of third parties or other personal effects and eq	emands, damage al, direct, special, losses of any kind uipment, submitto umes total respon	es, liabilities, losses and expens punitive, or consequential damag or character arising out of or in c ed photographs for competitions sibility for his or her participation	as Cranford Millburn Camera Club shall not be liable ses of any nature, including without limitation ges, loss of use, loss due to damage to property, class connection with meetings, programs, informal outings or errors on the website or any website to which in meetings, programs, informal meet ups at locat	any aims ings, n it is
Signature			Date	

CMCC 2018 - 2019 www.cmcameraclub.org