



BOWIE - CROFTON CAMERA CLUB
MEMBERSHIP APPLICATION
YEAR /

NEW	<input type="checkbox"/>
RENEWAL	<input type="checkbox"/>

Membership Type:	<input type="checkbox"/> Individual \$40.00	<input type="checkbox"/> Family \$55.00	<input type="checkbox"/> Junior \$5.00
(Check One)	(Age 18 or older)	(Same Household)	(Age 12 - 17)

Member Information:

First Name	Last Name
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Street Address	City	State	ZIP code
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Home Phone No. (Number Digits only)	Mobile Phone No. (Number Digits only)	Email Address
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Family Member Information (For Family Membership Only)

First Name	Last Name	Phone Number:	Email Address:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- No Email Newsletter** (Check if you do not want to receive the email newsletter or other communications)
- I am a **new or improving photographer** who is interested in learning opportunities offered by the club.

As a member of the Bowie-Crofton Camera Club, I hereby release B-CCC, its officers, directors, leaders and volunteers from any liability, damages or claims arising from any injury or property damage sustained by me related to any B-CCC activity or event.

Signature	Date
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Submit completed form in person at club meeting, email encrypted form to membership@b-ccc.org, or mail to Bowie-Crofton Camera Club, P.O. Box 515, Bowie, MD 20718-0515.
Submit or mail payment with your application form **OR** use a Credit/Debit Card in person or via club [WEBSITE](#).

For club use only: Date Received _____ Cash _____ Check # _____ Credit/Debit Card _____ Amount _____
Route to: Membership VP _____ Treasurer _____ Competition _____