Lancaster Camera Club Membership Form

Check One: ____ NEW MEMBERSHIP ____ RENEWAL

You must be a member of the club to enter member-only competitions and/or participate in certain events. Each member is entitled to the full benefits of the club. Memberships run for one calendar year (January through December).

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Check One:

____ **Individual Membership** - $40.00 (After July 1, new members pay $20)

____ **Family** - $60.00

Names of Family Members:

_____

____ **Student** - $20.00

School: _____

Signed: _____ Date: _____

The contact information listed above is made available to all members occasionally by email or upon request. Check one:

____ Acceptable (default) ____ Unacceptable

Make checks payable to **Lancaster Camera Club** and submit this form and payment to the Club Treasurer, Don Kautz, at meetings or by mail:

Lancaster Camera Club, % Donald Kautz, 170 Hostetter Ln, Lancaster, PA 17602

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For Club Use Only

Received: _____ CK# _____ Cash _____