



APPLICATION FOR MEMBERSHIP – 2017

New _____ Renewal _____ Family Renewal _____ (Each person must apply separately.)

****Liability Release must be signed****

Name (please print) _____

Address _____ City _____ State _____

Zip _____ Phone _____ Email _____

Camera Brand _____ Model _____

Lenses _____ Software _____

What is your photographic skill level?

Professional _____ Advanced Amateur _____
Amateur _____ Beginner _____

What images do you most enjoy photographing?

Check all that apply.

Landscape _____ Nature _____
People _____ Table Top _____
Sports _____ Photojournalism _____
Macro _____ Studio/Portrait _____

Please indicate your preference for committee membership. Please pick at least one committee on which you would serve if asked.

Membership _____ Programs _____
Workshops/Education _____ Field Trips _____
Competition/Exhibits _____ External Judging _____
Publicity _____ Website _____
Meeting Setup _____ Sunshine _____
Club Photographer _____
Mentoring _____

How did you find out about us?

Check all that apply.

Newspaper _____ Website _____
Friend _____ Other _____

Annual Dues: \$25 Single _____ \$35 Family _____

**Make check payable to Coastal Carolina Camera Club
Mail to: Carol Nowicki
233 Ravenside Drive NW Calabash, NC
28467**

****LIABILITY RELEASE****

As a condition of membership with Coastal Carolina Camera Club (CCCC), I agree to release from liability and to hold harmless CCCC and its officers, agents, employees or assigns for any injury, including but not limited to illness, accident, emergency and/or death, and for damage to or loss of personal property, including equipment, film and memory cards, while participating in any activities affiliated with CCCC. I further agree to permit usage by CCCC of my winning photographs in club competitions, solely for the purpose of CCCC publicity, and for which CCCC will give me artist credit.

Signature: _____ Date: _____

