



Membership Application

Name: _____
(First) (Last)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____
(Required if you wish to receive club announcements)

Do you wish to have your personal photo web site linked from the clubs web site?

URL: http://_____

Regular Membership Fee	\$25.00 annually
Family Membership Fee:	\$35.00 annually
Student Membership Fee: 12-18 with parental release	No Fee

Make checks payable to: **Hershey Camera Club**

Mail to: Hershey Camera Club
Membership Chair
PO Box 204
Hershey PA 17033

Signed: _____ Date: _____

Visit our web site at www.hersheycameraclub.org

Receipt

Amount received: _____

Cash / Check Date _____

Received by _____