



# Membership Application

Name: \_\_\_\_\_  
(First) (Last)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_  
(Required if you wish to receive club announcements)

New  Renewal

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: \_\_\_\_\_

Visit our web site at [www.hersheycameraclub.org](http://www.hersheycameraclub.org)

Rev Aug 2017

Receipt

Amount recieved: \_\_\_\_\_

Cash / Check Date: \_\_\_\_\_

Received by: \_\_\_\_\_