



New Member(s) Application Revised 08/23/2017

FAMILY

Date _____

Name Applicant 1 _____

Name Applicant 2 _____

Address _____

City _____ State _____ Zip _____

Landline Phone _____ Cell Phone _____

Cell Applicant 2 _____

Email Address Applicant 1 _____

Email Address Applicant 2 _____

Applicant 1: What areas of photography interest you the most? (Circle all that apply)

Landscape Nature Wildlife Fine Art Macro Post Processing Abstract Portrait Other _____

Applicant 2: What areas of photography interest you the most? (Circle all that apply)

Landscape Nature Wildlife Fine Art Macro Post Processing Abstract Portrait Other _____

How did you hear about our club?

Web Site Club Member (who?) _____ Display/Show Other _____

Applicant 1: What is your skill level?

Beginner Intermediate Advanced Professional

Applicant 2: What is your skill level?

Beginner Intermediate Advanced Professional

I(We), (print your name(s)) _____, _____ wish to participate in an activity ("Activity") of the Camera Club of Hendersonville (CCoH), a nonprofit social club. I(We) understand that participation in this Activity may involve or result in risk of personal injury or illness, or of damage to or loss of personal property, or other risk or loss, including, without limitation, injury, illness or loss caused by the actions or failure to act of third parties. I(We) understand that in order to protect its members, leaders and assets, and in order for me(us) to participate, CCoH requires that I(We) execute this Agreement. In consideration and part payment for my(our) right(s) to participate in this Activity, I(We) hereby RELEASE, ACQUIT AND DISCHARGE CCoH, its officers, directors, members, agents, employees, successors and assigns of and from any and all loss, liability, claims, cause or causes of action which I(We) may have or hereafter acquire arising out of, or in any way related to, my(our) attendance or participation in this Activity (collectively the "Released Claims.") I(We) further assume for myself(ourselves) all risks in connection with the Activity. I(We) further hereby agree to indemnify and hold harmless CCoH, its officers, directors, and members of and from any loss, liability or damages, whether now known or hereafter arising and including all litigation costs and attorney's fees, arising out of or related to the Released Claims.

Applicant I Signature _____ Date _____

Applicant II Signature _____ Date _____

This Application, along with a check for dues can be brought to next meeting or may be mailed to:

Camera Club of Hendersonville c/o Ken Weaver
24 Kanuga Forest Drive
Hendersonville, NC 28739

To Be completed by the CCoH New Member's Coordinator

Circle dues paid:

January-March: \$45 Individual, \$70 Family;

April- June: \$38 Individual, \$60 Family;

July-September: \$30 Individual, \$50 Family;

October- December: \$45 Individual, \$70 Family and includes next year's annual dues

Dues Paid/Date: _____ Cash / Check# _____

Name Badge: _____