

Application to the Best Camera Club in North Carolina!  
**The Camera Club of Hendersonville**



Date of the Big Decision to Join \_\_\_\_\_

How did you hear about CCoH? \_\_\_\_\_

Your Name \_\_\_\_\_

Optional: Name of spouse or significant other \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Cell Phone \_\_\_\_\_

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

What is Your Skill Level?  
 Beginner  
 Intermediate  
 Advanced  
 Professional

Which Photographic Skills or Tools can you teach to others in the Club?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What goals do you wish to achieve by joining CCoH? \_\_\_\_\_

\_\_\_\_\_

Have you had previous Camera Club experience? \_\_\_\_\_

What Skills can you offer to the Club?  
 Leadership \_\_\_\_\_  
 Legal \_\_\_\_\_  
 Technical \_\_\_\_\_  
 Digital \_\_\_\_\_

Which areas of Photography interest you the most( Circle all that apply)

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

This signed Application, along with a check for initiation dues, can be brought to the next general meeting or mailed to the Treasurer whose address listed on the [Contacts Page](#) of the CCoH Website.

Liability Agreement  
 I, (print your name) \_\_\_\_\_ wish to participate in an activity ("Activity") of the Camera Club of Hendersonville (CCoH), a nonprofit social club. I 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 understand that in order to protect its members, leaders and assets, and in order for me to participate, CCoH requires that I execute this Agreement. In consideration and part payment for my right to participate in this Activity, I 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 may have or hereafter acquire arising out of, or in any way related to, my attendance or participation in this Activity (collectively the "Released Claims.") I further assume for myself all risks in connection with the Activity. I 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  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_

To Be completed by the CCoH New Member's Coordinator \_\_\_\_\_ Date Received Orientation Packet \_\_\_\_\_ Welcome Letter Sent \_\_\_\_\_  
 Dues Paid/Date: \_\_\_\_\_ Cash / Check# \_\_\_\_\_

Spelling of Name on Your Personal CCoH Name Badge \_\_\_\_\_