SANTA ROSA PHOTOGRAPHIC SOCIETY APPLICATION FOR MEMBERSHIP

Thank you for your interest in the Santa Rosa Photographic Society ("SRPS"). You are welcome to attend three meetings as our guest. Should you decide to join SRPS, please complete this form.

Please block-print carefully

	NAME:	
	E-MAIL:	
	PHONE:	()
	ADDRESS (Op	otional):
	Street:	
	City:	Zip:
	How did you	hear about us?
	Membership	Type (choose one):
	Supporting: Annual dues are \$100 A Supporting member participates in competitions and has access to all other club benefits and non-competitive activities.	
	_	ual dues are \$75 er participates in competitions and has access to all other club benefits and non-competitive activities.
Associate: Annual dues are \$65 An Associate member may not particip		nnual dues are \$65 nber may not participate in competitions, but has access to all other club benefits and non-competitive activities.
	Comments:	
	participating i	a small, non-profit, educational organization. SRPS does not carry insurance for members or guests in any SRPS activities, including all meetings. As a condition of participation, members and guests accept that it does not cover them or their property. Please read the Statement of Understanding and sign/date the elow.
	I understand t SRPS does not	Statement of Understanding: that I am responsible for my own health and safety at all SRPS meetings and events. I further understand that insure me and has no liability should any health problem, mishap, accident, loss, or damage occur to me, or during my participation in SRPS meetings and events.
	Signature:	Date: