



Membership Application

Name: _____
(Last) (First)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____
(Home) (Business)

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

Regular Membership Fee \$20.00 annually

Family Membership Fee: \$30.00 annually

Student Membership Fee: No Fee
12-18 with parental release

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

Comments: