

Lincoln Hills Photography Club Membership Application

(PLEASE PRINT LEGIBLY)

Date: _____ New Membership Renewal

1st Household Member: _____ Email: _____
(LAST NAME, FIRST NAME)

Address: _____, Lincoln, CA 95648

Primary Phone #: _____ Secondary Phone #: _____

Type of camera: _____ Software used: _____

Please check here if you do NOT want your name, email and phone # included in club contact directory:

2nd Household Member: _____ Email: _____
(LAST NAME, FIRST NAME)

Primary Phone #: _____ Secondary Phone #: _____

Type of camera: _____ Software used: _____

Please check here if you do NOT want your name, email and phone # included in club contact directory:

Important Notice - Safety, Risks & Liability

By participating in Lincoln Hills Photography Club (LHPC) activities, members and their guests are solely responsible for and assume all liabilities for their own safety, health, and costs. Neither the LHPC, officers, club members, field trip planners or leaders assume any responsibility for the safety, health or costs of members, guests, or others. Members are required to inform their guests of this notice and its requirements. Activities and field trips may include many safety issues such as hazardous walking, weather, driving, travel, lodging, food, criminal activity and exposure to injury, illness, and disease among others. The Club's website and other communications are provided as a benefit to members. The Club can make no representations as to the accuracy, quality, timeliness, availability, or completeness of the information available through these methods. Thus, use the website and other communications at your own risk.

Acknowledgement: By signing this Important Notice, I acknowledge that I have read the above Notice and understand that there are risks associated with Lincoln Hills Photography Club activities and I am responsible for my own health, safety, and costs and those of my guests. I also acknowledge that I use the website and other communications at my own risk.

If you have any questions or want further clarification before signing, contact a board member.

Household Member 1: Print Name: _____

Signature _____ Date: _____

Household Member 2: Print Name _____

Signature _____ Date: _____

(SIGNATURES ARE REQUIRED FOR MEMBERSHIP)

Membership dues are \$20 annually (July through June) per household.

Make checks payable to "Lincoln Hills Photography Club."

Mail to: Lincoln Hills Photography Club, PO Box 623, Lincoln, CA 95648 or bring to a General Meeting.

For more information, visit the club website at www.lhphotoclub.com