

MEMBERSHIP RENEWAL

Submit one form for each individual in family

Name:				
Street Address:				
City, State, Zip:				
Mailing Address:				
(H) Ph.#:		(C) Ph.#:		
(W) Ph.#:				
Email address:				
Web address (optional)				
Type of Membership:	C Individual \$20	○ Family \$30	Business/Sponsor \$50	O Youth \$0
	WAIVER AND H	OLD HARMLES	SS AGREEMENT	
and claims for damage member) might incur of sponsored by the Coase Inc. from liability, loss, any such damages and they occur or are sustainformation listed above photographs and photographs to protect in the sustainformation in the sustainformation listed above photographs and photog	s and injuries of any or sustain while partic tal Photo Club, Inc. I cost (including without injuries to myself, maked in the will be made available of me taken my own photographs	kind whatsoever, cipating in any of further agree to but limit, attorney ay equipment, my estand that as a nable only to other by others may be from piracy on the cipating and the contract on the cipating at the cipating and cipat	to Club, Inc. harmless from which the functions and activitie hold harmless the Coastal fees) and other obligation photographs or my possemember of this club that members. As a member of posted on the club's web the web by taking the usual to be listed on the club's web	(name of s, including trips Photo Club, as arising out of essions however y personal of this club, my site. I am al precautions. If
Member Signature			Date	
Parent/Guardian if vo	uth			

Print form, sign, date, and mail with check to:

CPC Treasurer PO Box 585 New Bern, NC 28563-0585