

SPRINGFIELD PHOTOGRAPHIC SOCIETY INC
APPLICATION FOR MEMBERSHIP 2023-2024

87th Year

Part I

NAME _____

SPOUSE/PARTNER 1ST NAME _____

FAMILY NAMES (family membership) _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE (Home) _____ (Cell) _____

EMAIL _____

Add my email to private page on club website for member questions?

☐ YES ☐ NO

☐ NEW MEMBER ☐ RENEWAL

PSA MEMBER? ☐ Yes ☐ No

Membership Fees

☐ Individual **\$40.00**

☐ Family **\$55.00**

☐ High School Student **Free**
(Copy of student ID required)

Additional Donation (Voluntary):

☐ **\$10**

☐ Other Donation \$ _____

I prefer to pay my dues at the historic rate:

☐ Individual **\$35.00**

☐ Family **\$50.00**

Part II of Membership Application

Springfield Photographic Society Field Trip Release Form

I (we), the undersigned, understand that the Springfield Photographic Society requires participants to share responsibility for their own safety and the safety of others during field trips. We hereby acknowledge that as participants in field trips we may be exposed to risks, including but not limited to, vehicular travel over land and water, foot travel over difficult terrain, and unexpected weather conditions. We may also encounter hazardous plants, wildlife, and/or insects. In the event of injury, we understand that we may face delays in reaching professional medical help. We fully accept these risks and agree to hold the Springfield Photographic Society, its officers, directors, volunteers, and agents free from any and all liability for injuries and/or loss which we may incur, directly or indirectly, while on a trip.

<i>Member Signature</i>	<i>Member Printed Name</i>	<i>In Case of Emergency (Provide a name and phone number)</i>

Please make your check payable to **Springfield Photographic Society**
Mail form & check to SPS Treasurer **Dee Nacewicz, 21 Warren St., Agawam, MA 01001**
(or bring them to the next meeting)