

DUES

\$45

PAYMENT TYPE: CASH CHECK RECEIVED BY \_\_\_\_\_ DATE \_\_\_ / \_\_\_ / 20\_\_\_

MEMBER INFORMATION

NAME:

PHONE:

ADDRESS:

email:

EMERGENCY CONTACT

NAME:

PHONE:

**REQUIRED SIGNATURE** I have read and understand the rules and regulations set forth in the Darkroomers Bylaws:

Signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_\_\_