

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 ___ / ___ / _____