



Membership Application

Revised: December 16, 2024



Charter Member

Please print clearly. Give to Membership Director (in person) or mail to CCR Treasurer as noted below.

My Name: _____ Date: _____

Address: _____

City, State, Zip: _____

E-mail Address: _____

Phone #'s: _____

Home

Mobile

Work

A little about me...					
My favorite things to shoot are:					
My photographic skill level is:		Novice	Intermediate	Advanced	Expert
I am currently a member of:		PSA	VPPA	I would like more info.	
I heard about CCR from:		Website	MeetUp	Brochure	Other
CCR Member	Member Name				

I would like to be involved! I can help with:		
Finding speakers & evaluators	Leading photo shoots	Social events
Greeting guests at meetings	Club photo exhibitions	Social media posting
Teaching/Presenting seminars	Outreach to new members	Communications

Photo Release: May we use your submitted photos for promotional purposes?	
Yes	I agree to allow the Camera Club of Richmond (CCR) to display my printed and/or digital images submitted for Exhibition, Evaluation, or Competition on the CCR Website, Facebook page, newsletters, or CCR approved exhibits. I retain all rights, complete and total ownership of my images for my exclusive use to copyright, sell, or use in any competitions, past or future events of my choosing. The only revenue that CCR may receive from the sale of my printed or electronically displayed images will be in the form of an agreed-upon commission with myself or my company. I understand that this agreement will remain in effect until my CCR membership is terminated either by myself, my company, or CCR.
No	

By signing this form, I accept these important conditions of CCR Membership:	
I hold the Camera Club of Richmond and each member, individually and collectively, harmless for any accident, injury, illness, or theft of property that may occur to me or my guests while participating in any CCR meeting, activity, or event.	
I understand that events sponsored by CCR may be photographed and/or recorded. By attending these events (both physically and virtually), I grant CCR the irrevocable right and unrestricted permission to use my name, voice, comments, and images as recorded and/or photographed to promote CCR. I hereby release CCR from all liability associated with the use of my name, voice, comments, and images in CCR educational and/or promotional materials.	

Photographer Signature

CCR Authorized Signature

Make checks payable to CCR. Mail to Doug Turner, Treasurer 16301 Midlothian TNPK; Midlothian, VA 23113

Amt Received	\$	Individual: \$45	F/T Student or Partial Year: \$25	Cash	Check # _____
Or pay electronically:					