



Membership Form

Revised: January 4, 2021



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

I am interested in photography classes:

Yes

No

I'd like more info.

I am currently a member of:

PSA

VPPA

I'd 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?

Initials
Optional

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.

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

Amt Paid

\$40

Cash

Check # _____

Electronic # _____

Make checks payable to CCR. Mail to Doug Turner, Treasurer 16301 Midlothian Tnpk; Midlothian, VA 23113.
Remit \$40 via **PayPal ONLY** to **Treas.CCRVA@gmail.com** or [Click Here to Pay Dues.](#)