



# CLARINGTON PHOTOGRAPHY CLUB

## 2024/2025 Membership Application

**ANNUAL MEMBERSHIP FEE** (age 18yrs. and over): \$40.00 (BOAA Members: \$35.00)

Are you a member of BOAA (Bowmanville Older Adults Association)?  Yes  No

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Please make cheques payable to **Clarington Photography Club** and mail or drop off with application form to:

Phyllis Dupuis  
25 Centre Street  
Bowmanville, ON  
905-259-3185

To pay by e-transfer, please send membership fee to our Treasurer at [treasurer@claringtonphotoclub.ca](mailto:treasurer@claringtonphotoclub.ca)

Please list one emergency contact (name & phone #) \_\_\_\_\_

My primary camera model is: \_\_\_\_\_

For post processing I use the following software: \_\_\_\_\_

Would you be willing to volunteer for the club? (check all that apply)

BOAA gallery organizer(s)  Sub-committee work  Speaker/Presenter  Workshops/Labs

Please read this liability waiver before signing:

I acknowledge that my membership and subsequent participation in the activities of the Clarington Photography Club are purely voluntary. As a participant, I agree to assume all risk of personal injury or damage to personal property while taking part in these activities or any activities organized by persons acting on behalf of the Clarington Photography Club. On behalf of my heirs, next of kin, executors, administrators and successors, I waive any and all claims I may have now and in the future against the Clarington Photography Club and release from all liability its executives, administrators, volunteers, agents and representatives (hereinafter called "the staff") for any personal injury, including death, property damages, all expenses, including medical expenses, or loss sustained as a result of my participation in club activities, due to any cause whatsoever, including, without limitation, negligence or duties of "the staff". I understand that the executives of the Clarington Photography Club reserve the right to revoke my membership as a result of inappropriate conduct on my part. By signing this membership registration form, I acknowledge and accept personal responsibility for liability as noted in this waiver.

I hereby affirm that I have read and fully understand the above statements.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_