

SPRINGFIELD PHOTOGRAPHIC SOCIETY INC
APPLICATION FOR MEMBERSHIP 2024-2025

88th Year

Part I

NAME _____

SPOUSE/PARTNER 1ST NAME _____

FAMILY NAMES (family membership) _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE (Home) _____ (Cell) _____

EMAIL _____

Membership Fees

- Individual \$40.00
- Family \$55.00
- High School Student Free
(Copy of student ID required)

Additional Donation Voluntary

- \$10
- Other Donation \$ _____

Add my email to private page on club website for member questions?

- YES NO

- NEW MEMBER RENEWAL

- PSA MEMBER? Yes No

Part II of Membership Application

Springfield Photographic Society Field Trip Release Form

I (we), the undersigned, understand that the Springfield Photographic Society requires participants to share responsibility for their own safety and the safety of others during field trips. We hereby acknowledge that as participants in field trips we may be exposed to risks, including but not limited to, vehicular travel over land and water, foot travel over difficult terrain, and unexpected weather conditions. We may also encounter hazardous plants, wildlife, and/or insects. In the event of injury, we understand that we may face delays in reaching professional medical help. We fully accept these risks and agree to hold the Springfield Photographic Society, its officers, directors, volunteers, and agents free from any and all liability for injuries and/or loss which we may incur, directly or indirectly, while on a trip.

Member Signature	Member Printed Name		In Case of Emergency (Provide a name and phone number)

Please make your check payable to **Springfield Photographic Society**
Mail form & check to SPS Treasurer **Dee Nacewicz 21 Warren St. Agawam, Ma. 01001**
(or bring them to the next meeting)