20**24** Membership Application

DUES						
			\$5	5		
PAYMENT TYPE:	CASH	CHECK	RECEIVED BY		DATE/	_ / 20
			MEMBER INFO	ORMATION		
NAME:						
PHONE:						
ADDRESS:						
email:						
			EMERGENCY	CONTACT		
NAME:						
PHONE:						
REQUIRED SIGNATURE I fully accept the terms defined by the Darkroomers Bylaws.						

Signature _____ Date ___ / ____ / ____