

DUES

\$55

PAYMENT TYPE:   CASH   CHECK   RECEIVED BY \_\_\_\_\_   DATE \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

MEMBER INFORMATION

NAME:

PHONE:

ADDRESS:

Email:

Portfolio (optional):

EMERGENCY CONTACT

NAME:

PHONE:

**REQUIRED SIGNATURE** I fully accept the terms defined by the Darkroomers Bylaws.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

