

Application for Membership in the Berkshire Museum Camera Club

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

e-mail: _____

Full Year (Sept - Aug): \$35 Individual \$40 Family \$10 Student

Half Year (Jan - Aug): \$20 Individual \$25 Family \$5 Student

Print this application, fill it in, check the appropriate box, and send it with a check made out to “Berkshire Museum Camera Club” to:

Berkshire Museum Camera Club
Steve Blanchard, Treasurer
4 Willard Hill Road
West Stockbridge MA 01266

If you have any questions, please contact Steve by e-mail: steve@sblanchard.us, or by phone: 413-298-5440 or contact any of the BMCC officers listed on “Contact Us” page of the BMCC's web site: <http://www.berkshirecameraclub.org/index.htm>.