

Lake County Camera Club (LCCC) Membership Form

Club Season: 2018 - 2019 September through August

A condition of LCCC membership is that the use of LCCC member phone numbers, mailing addresses and email addresses should only be used for club related business and activities. Club members should refrain from sending other members unsolicited email and/or SPAM. This includes but is not limited to mail or email containing chain letters, business solicitations, political and religious viewpoints. Violations of this policy should be reported to the Board who will review any incident(s) and decide if the club member has violated this policy. If a club member is found in violation of this policy the Board has the option to invoke sanctions, suspensions or revocation of membership as it sees fit.

		Initials	_____
Last Name	_____		
First Name	_____	M	_____
Address	_____		
City	_____	State	_____ Zip _____
Cell Phone	_____	Home Phone	_____
E-mail Address	_____		
Your Website	_____		

The following information will be needed to login to the Member's Area of our website.

Password (at least six characters, not case sensitive) _____

I give LCCC permission to publish the following information on private club listings. (Only members of the club will be able to view this information.)

Home Address **Cell Phone** **Home Phone** **E-mail Address >>>** Required

Image Permissions must be granted to compete in Lake County Camera Club (LCCC), Chicago Area Camera Club (CACCA) and Photography Society of America (PSA) competitions which all these organizations may display on their websites and in their newsletters. Also, Image Permissions must be granted for us to display your images in the Honors, Challenges, Excursions and Activities Galleries.

I grant permission for my image to be displayed on the above camera club's websites and their newsletters

The defaults for all permissions are ' Yes '. To change the permissions, replace the ' Y ' with a ' N ' or Circle.

Emergency Contact	_____	Emergency Cell Phone	_____	Emergency Home Phone	_____
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Office Notes: (Circle membership type and payment type)

Single Family **Amount Paid** _____ **Date** _____ Cash Check

This form may be printed, and the information hand written and delivered to the Hospitality Desk or the Membership Chairman at any of our club meetings on the first Thursday of every month along with your check. You also have the option of entering your information electronically and print.