SCIENCE MUSEUM CAMERA CLUB

Adult: $40.00 ☐ Family: $50.00 ☐ Student: Free (Must have School ID) ☐
Date: _____
Name: _____

☐ No Changes
☐ Changes (See Below)

EMAIL: _____
Address: _____
City, State, Zip: _____
Home Phone: _____ Cell Phone: _____
Family Membership Information (must include EMAIL for each):

Name:	Email:	Cell Phone:

I understand that by entering images into any SMCC competition, you grant the SMCC the right to display the images online and to submit images to regional competitions, such as the PSA competitions. You, the maker, will still maintain the copyright and ownership of the images.

Signature: _____

Make Check Payable to: SMCC
Mail Check to: Frank Gaskill, 5135 Old Goodrich Rd, Clarence, NY 14031
Or Bring to any SMCC meeting