

Collins Photo Club

www.rockwellcollinsclubs.com/clubs-ia/photo

Membership Period

On & off ^ ^ ^ ^

Supplemental Activity Registration Form - please fill out completely

Name: _____ Ext. _____ Mail Stop _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail _____

Membership Type	<input type="checkbox"/> Renewal	<input type="checkbox"/> New		
Payment Method	<input type="checkbox"/> Cash	<input type="checkbox"/> Check #		
Status (Required)	<input type="checkbox"/> Emplo ^e	<input type="checkbox"/> Spouse	<input type="checkbox"/> Retiree	<input type="checkbox"/> Contract
Camera Equipment	<input type="checkbox"/> Point and Shoot	<input type="checkbox"/> 35 mm	<input type="checkbox"/> Digital	<input type="checkbox"/> Other

Membership Fee: \$16.00

Experience Level _____ (rank 1-10)

examples: beginner = 1 -2 amateur = 3-5 adv. amateur = 6 - 8 professional = 9-10

Make checks payable to:
Collins Photo Club

I would be interested in giving a presentation at a CPC meeting

Return form and payment to:
Scott Hofstetter
M/S 138-159
x. 55699

I would like to suggest the following ideas for meeting topics, programs or outings:

I would like to join the Collins Photo Club because:

RELEASE

I understand that the above named activity is sponsored for recreational purposes only. I also understand the nature of the activity including its possible risks and voluntarily register for participation. I hereby release Rockwell Collins, Inc. from any claims, demands or damages because of injury or death, other than customary and reasonable medical expenses under the existing company medical plan, resulting in any way from participation in this activity.

Signature _____ Date _____

FOR OFFICE USE ONLY

Office Signature _____

Date: _____

Invoice #: _____