



## WESTCHESTER PHOTOGRAPHIC SOCIETY, INC

**Membership: ( )New ( )Renewal (Check One)**

Please print clearly!!  
This is your contact information!!

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear of us? \_\_\_\_\_

Type of Membership:

- ( ) Individual: \$85 per year
- ( ) Family (couple, children 12-26): \$100 per year
- ( ) Full Time Student (18-26): \$45 per year

All memberships expire annually one year from date above.  
Bring in or mail completed application and your check made payable to:  
**Westchester Photographic Society or WPS.**

Mail To: **Westchester Photographic Society**  
**P.O. Box 405**  
**Ossining, NY 10562**