



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 on August 31st.

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