



70 Main Street, Suite 202  
 North Andover MA, 01845  
 978-687-6570  
 www.northandovercam.org

## Membership Form

Name \_\_\_\_\_ Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### List Members for Family or Organization Membership:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

## Membership Types

Individual \$20 <input type="checkbox"/>	Family \$50 <input type="checkbox"/>	Organization \$75 <input type="checkbox"/>	NAHS Staff/Student yog _____
Youth \$10 <input type="checkbox"/>	Senior Citizen \$10 <input type="checkbox"/>	Additional Org \$ _____	Additional Contribution \$ _____

<p>Would you like to be added to the Volunteer Crew list of members to help film events around the town of North Andover?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>How did you hear about North Andover CAM?</p> <p>Flyer <input type="checkbox"/></p> <p>Brochure <input type="checkbox"/></p> <p>Friend/Family <input type="checkbox"/></p> <p>Website <input type="checkbox"/></p> <p>Event <input type="checkbox"/></p> <p>Newspaper <input type="checkbox"/></p> <p>CAM Program <input type="checkbox"/></p> <p>Other: _____</p>
<p>I will allow North Andover CAM to use any videos made by me or pictures taken of me in the studio for their website and social media accounts.</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>It is your responsibility to read North Andover CAM's Policies and Procedures. Please visit: <a href="http://www.northandovercam.org/get-involved/forms/">http://www.northandovercam.org/get-involved/forms/</a></p>

By signing below, I agree to the terms outlined in North Andover CAM's Policies and Procedures handbook.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Legal Guardian if applicant is under 18 \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Office Use Only	Photo ID: _____	Other Proof of Residence _____	Amount Paid _____	Initials _____
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