



Western Photographic Historical Society

W W W . W P H S O C I E T Y . O R G
W P H S . 5 0 1 C 3 @ G M A I L . C O M

Table Reservation and Membership Application Form for March 17, 2024 – Show and Sale

Full Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

Number of Tables Reserved	
_____ @ \$45 per table = \$ _____	when payment made before 2/9/24
_____ @ \$50 per table = \$ _____	when payment made between 2/9/24 and 3/2/24
_____ @ \$60 per table = \$ _____	when payment made from 3/2/23 to the day of the show

Please make checks payable to:

Western Photographic Historical Society

Please use the full name and do not make out checks to WPHS

Mail payment to:

WPHS

PO Box 14616

Tucson AZ 85732-4616

Email - wphs.501c3@gmail.com

I understand and agree that neither Western Photographic Historical Society (WPHS), nor the lessor of the building wherein the show is located, assumes any liability for any loss, theft, damage, or injuries sustained by any exhibitor or their personnel. By signing this form, you agree to the terms, hold WPHS harmless and indemnify WPHS against any claims.

Signature _____

Date _____