



WESTERN PHOTOGRAPHIC HISTORICAL SOCIETY

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Mail: PO BOX 14616 , Tucson AZ 85732-4616,

Show Table Reservation & Membership Application

Name _____

Address _____

City _____ State/Zip _____

Phone _____ Email _____

_____ # of tables x \$40.00 Table Total \$ _____

WPHS Membership \$20.00 \$ _____

Members deduct \$ 10.00 \$ _____

Total Amount Enclosed \$ _____ Please make checks payable to:

Western Photographic Historical Society

(Acronyms (ie WPHS) cannot be deposited at our bank, due to policy changes)

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, and hold harmless and indemnify WPHS against any claims.

Signature / Date _____

Revised: Feb 5 2018