



WESTERN PHOTOGRAPHIC HISTORICAL SOCIETY
Annual Camera Show and Sale
March 1, 2020

Table Reservation & Membership Application Form

Name _____

Address _____

City _____ State/Zip _____

Phone _____ Email _____

____ # of tables x \$30/\$40/\$50 = Table total \$ _____

\$30 (Before February 21)

\$40 (February 22-February 29)

\$50 (March 1, Day of show)

Annual WPHS Membership \$20 \$ _____

Total amount enclosed \$ _____

Please make checks payable to: "Western Photographic Historical Society" (Please do not make out checks to "WPHS")

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 _____

www.wphsociety.org

Email: camerashow@wphsociety.org

Facebook: www.facebook.com/WesternPhotographicHistoricalSociety

Mail: PO Box 14616, Tucson AZ 85732-4616