



Norcam, Inc.
21 Bow Street, North Reading, MA 01864
P: 978-664-0501 F: 978-664-1869 www.norcam.org

Application for Membership
(please print clearly or type)

Name: _____ Organization: _____

Address: _____

City / State / Postal Code: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

Age: _____ Date of Birth: ____ / ____ / _____ Gender: _____

I/We prefer to be contacted by: _____

Please do not contact me/us by: _____

Would you like your information provided to other Norcam members if they should ever need help with their productions: YES NO ASK ME FIRST

***PRIVACY POLICY:** *Norcam, Inc collects this information for its own records and for communication with and within its membership only. Norcam, Inc will not rent, sell, or otherwise provide this information to any other party except as required by law.*

Emergency Contact: _____ Relation: _____

Address: _____

Home Phone: _____ Work Phone: _____

Are you able to volunteer? YES NO

Are you a cable subscriber? YES NO With whom? Comcast Verizon

Type of Membership: INDIVIDUAL (\$20.00) STUDENT/SENIOR (\$10.00)

FAMILY (\$20.00) Number of Family Members: _____

ORGANIZATIONAL (\$20.00) Number of Organizational Members: _____

Please list all additional Family or Organizational Members on the next page...

Is the contact person for your family or organization listed on Page 1? YES NO
If not, please list the contact person below:

Name: _____ Organization: _____

Address: _____

City / State / Postal Code: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

Age: _____ Date of Birth: ____ / ____ / _____ Gender: _____

Additional Family or Organizational Members:

Name:	Address	Phone:	Email:	Age:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Please list additional Family or Organizational Members on a separate sheet with this form.
Organizational Membership allows 4 members, and additional members are \$5.00 each.*

Signed: _____ Date: ____ / ____ / ____

Print Name: _____

Please make checks payable to: Norcam, Inc

FOR OFFICE USE ONLY:

Application Date: ____ / ____ / ____ Expires: ____ / ____ / ____

CASH CHECKCHECK #: _____ Amount: \$ _____

Receipt #: _____ Member #: _____