



**Norcam, Inc.**  
21 Bow Street, North Reading, MA 01864  
P: 978-664-0501 F: 978-664-1869 [www.norcam.org](http://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 #: \_\_\_\_\_