

Annual Photography Membership Application

Start Date [_____] Expiration Date _____
Membership begins! Time to renew.

Business Name _____

Website Name [_____]

Mailing Address _____

City, State, Zip _____

Phone _____

Email _____

How did you hear about us? _____

Your signature below confirms that you have read and agree to McCrory Garden guidelines and policies.

Since we are a part of South Dakota State University, **no smoking, vaping, or outside alcohol** is permitted in the formal gardens, arboretum, or parking lot. Please remind your clients of this policy. Thank you!

Signature Printed Name