



One-Year Photography Membership Application

Today's Date _____
Membership begins!

Expiration Date _____
Time to renew.

Business Name _____

Your 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 McCrorry Garden guidelines and policies.

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

Signature

Printed Name

METHOD OF PAYMENT (\$125)

Cash: _____

Check: _____ (check number)

Credit Card: ___ Visa ___ MasterCard ___ American Express ___ Discover

McCrorry employee initials _____

Thank you for YOUR support!

A membership card will be mailed to you – please bring it with you at each visit and kindly let us take a moment to record the information we need for our admission records.