



Membership Application Form

You may bring this completed form to our next monthly meeting or pick up a copy when you visit. Membership is just \$35. If you pay online, you will also be charged for the PayPal processing fee.

First Name(s):				
Last Name:	Date:			
Address:				
City:		State:	Zip:	
Phone:	one: Email:			
Brand of Camera(s) You Use (Check all that apply)				
Agfa	Apple iPhone	Canon	Casio	
☐ Contax	Epson	☐ Fuji	☐ HP	
☐ Kodak	☐ Konica Minolta	☐ Kyocera	Leica	
☐ Nikon	Olympus	Panasonic	Pentax	
Ricoh	Samsung	Sanyo	Sigma	
Sony	Toshiba	Other (please specify)		
Area(s) of Photographic Interest (Check all that apply)				
☐ Digital	Prints			
☐ Creative	Monochrome	☐ Photojournalism ☐ Portraiture		
☐ Nature-Botany	☐ Nature-Insects	☐ Nature-Wildlife ☐ Scapes		
☐ Tabletop	Other (please specify)			
	Other (please specify)			
Notes:		Pai	d: \$35 Individual \$70 Dual	