

Pines West Camera Club Registration Form



Date: _____ Membership Type: New Renewal

Dues: \$40.00 calendar year; \$10 for second person in same household.
(Dues are Prorated Quarterly for New Memberships Only)

Last Name _____ First Name _____

Street Address _____ Apt. # _____

City _____ ST _____ Zip _____

E-mail _____ Phone(s) _____

Web Page (If Applicable) _____

What photographic equipment do you use?

Camera Format _____ Camera Manufacturer _____

Lens _____ Other _____

Photographic Background/History _____

Skill Level: Beginner _____ Novice _____ Amateur _____ Advance Amateur _____ Pro _____

Please indicate your photographic interests:

Portrait _____ Sports _____ Wedding _____ Wildlife _____

Darkroom _____ Studio _____ Outdoors _____ Landscape _____

Underwater _____ Press _____ Macro _____ Other _____

Do you own a computer? Yes _____ No _____ Scanner? Yes _____ No _____

Image editing software? Yes _____ No _____ If yes, which program(s)? _____

Are you interested in one day field trips? Yes _____ No _____

Would you be interested in helping on a committee? Sure! _____ Yes, but later _____

Committees Include: Programs _____ Exhibits _____

Field Trips _____ Competitions _____

Hospitality _____ Membership _____ Publicity _____

Suggestions/Comments/Questions: _____

Submit this form along with a check payable to: Pines West Camera Club to any membership committee or board member at club meeting or event.

Membership form accepted by _____