Sunshine Coast Camera Club Membership Application Form

SURNAME:		GIVEN NAME:		
MAILING ADDRESS:			POSTAL CODE:	
Home Phone:	Cell:	E-mail:		
EQUIPMENT:				
Camera make and model:				
Post processing software used (if any): _			
Platform used (windows, mac, o	ther):			
AREA(S) OF INTEREST:				
Portraits [] Wildlife [] Lar	ndscape [] Action/Spor	ts[] Event[] Macro[] Architecture []	
Pets/Animals [] Street []	Vehicles [] Travel []	Night [] Video [] Othe	r []	
INDIVIDUAL MEMBERSHIP FEE:	Annual* \$45	; (\$25 if joining in/after Ja	nuary)	
	s, kitchen activities (wash		storing our meeting venue. This will ineping, and anything else as needed.	
MEMBERSHIP INFORMATION: I list for distribution ONLY to SC C	,	•	nation to be included in the membership	
shine Coast Camera Club, its off	icers and members from a	any claims or actions arising from the second second in the second secon	amera Club (SCCC), I hereby release Sun- rom any loss, injury or damage to myself risks and hazards involved in SCCC activi	
Member:				
Print Name Witness:	N	Лember Signature	Date	
Print Name		Member Signature	Date	