



## Membership Application

*Please enter the information below and give the form to the Membership Director at a club meeting.*

Membership Fee: \$30 Date: \_\_\_\_\_

Applicant Name(s): \_\_\_\_\_

Street or P.O. Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

What brand of camera do you currently use? \_\_\_\_\_

What media format(s) do you currently shoot?  Digital  Prints  Slides  Other

How would you rate your photographic skill level?  Novice  Intermediate  Advanced

How did you hear about our camera club?  Website  Brochure  Friend  Other

Have you been a member of another camera club?  Yes  No

Are you a PSA Member?  Yes  No

Have you ever taken any photography classes?  Yes  No

Have you ever had your photographs exhibited?  Yes  No

THE CAMERA CLUB OF RICHMOND IS A MEMBER OF THE PHOTOGRAPHIC SOCIETY OF AMERICA

