



# Shoalhaven Photographic Club

## 2010 Membership Application Form

Fees: \$30/year (\$20/year Student/Concession)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Mobile: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Name of spouse/partner: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

To help facilitate contact between club members, I consent to my contact details to be made available to other members of the Shoalhaven Photographic Club.

Name  Phone  Email  Address

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Membership Type:

Normal  Concession

Paid: \$ \_\_\_\_\_

Signed: \_\_\_\_\_



# Shoalhaven Photographic Club

## 2010 Membership Application Form

Fees: \$30/year (\$20/year Student/Concession)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Mobile: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Name of spouse/partner: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

To help facilitate contact between club members, I consent to my contact details to be made available to other members of the Shoalhaven Photographic Club.

Name  Phone  Email  Address

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Membership Type:

Normal  Concession

Paid: \$ \_\_\_\_\_

Signed: \_\_\_\_\_