



SHOALHAVEN PHOTOGRAPHIC CLUB

2012 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: _____



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