

MEMBERSHIP FORM

Name: _____

Address: _____

_____ Post code: _____

Contact telephone No. _____

Email _____

If Student member please provide details of full time course:

If you are currently a member of another camera club/photography society, please say which:

Please tell us how you found out about the club? (please tick a box)

- Recommended by a friend Newspaper ad Web search Poster Exhibition
 Flickr Other, please specify:

How would you categorize your interest in photography?

- Enthusiast Semi-professional Professional

DATA PROTECTION ACT: Your details will be held on computer record for the purpose of communicating with you for society matters. These details may be known to the society committee members but will not be passed on to any other organisations. It is a condition of membership that you give your permission to hold your record in an electronic data storage medium. Please sign below to complete your application.

Signature

FOR CLUB USE ONLY

Date of membership: _____ Paid Amount £ _____

- Full Joint full Student (in full-time education) Concession