

REGISTRATION/MEMBERSHIP FORM

Female Male Date

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Surname

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First name

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Address

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Email

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Home tel

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Mobile

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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\magazine Web search Poster Exhibition
 Flickr FaceBook Twitter Other, please specify: _____

How would you categorize your interest in photography?

- Beginner Enthusiast Semi-professional Professional

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

Aperture Woolwich Photographic Society accepts no responsibility for personal injury resulting from an individual's attendance at outdoor events and activities co-ordinated by members of the Society, or for damage to property due to use of personal equipment. Please note that any such participation is undertaken at the individual's own risk

Signature

FOR CLUB USE ONLY

Date of membership:

D	D	M	M	Y	Y	Y	Y
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 Paid Amount £ _____

Full Joint full Student (in full-time education) Concessionary Country

Visits as a guest: **1** **2** **3**