

TWIN CITY CAMERA CLUB
MEMBERSHIP APPLICATION

Name: _____ Date: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Spouses Name: _____ Cell Phone: _____

Occupation: _____ Employer: _____

E-Mail Address: _____

PHOTOGRAPHIC EXPERIENCE

How Long Interested in Photography? _____ What Cameras Do You Own? _____

INTERESTS- (Check all that apply)

Color Prints __ B/W Prints __ Slides __ Darkroom Printing-Processing __

Studio lighting __ Portraiture __ Computer/Digital Imaging __

Nature __ Close-ups __ Slide/Sound Presentations __

Photojournalism __ Aerial __ Night __ Product/Commercial __

Still Life/Table Tops __ Underwater __ Sports __ Other _____

Are you now or have you ever been a member of a camera club? _____ Name: _____

Other Clubs or Lodges presently affiliated? _____

RECOMMENDED BY

TCCC Member _____

Submit to:

Twin City Camera Club
c/o: Theodore Post
3202 Ravine Ave
St. Joseph, MI 49085

I hereby apply for membership in the TWIN CITY CAMERA CLUB
of St. Joseph, MI and if accepted, I agree to abide by the rules and
regulations of the club. Any questions, Please call: 269-506-2793

Please submit \$30.00 to cover the cost of annual dues
For two members of the same household the annual dues are \$45.00

Signature: _____

Official Use: Approved: _____ Date: _____ President: _____