

**MIDDLE GEORGIA CAMERA CLUB
APPLICATION FOR MEMBERSHIP**

Please Print

Date _____

Please consider my application for membership in the Middle Georgia Camera Club. It is my understanding that upon acceptance and payment of annual dues I am eligible for all benefits of the organization and may participate in all of the organization's activities.

NAME(S): _____

ADDRESS: _____

PREFERRED CONTACT NUMBER: _____

EMAIL ADDRESS: _____

MY CHIEF INTERESTS ARE: FILM DEVELOPING AND PRINTING
 DIGITAL PHOTOGRAPHY CAMERA KNOWLEDGE
 DIGITAL IMAGE EDITING COMPOSITION
 LIGHTING OTHER: _____

MY MAIN PHOTOGRAPHIC SUBJECT INTERESTS ARE: _____

I OWN THE FOLLOWING TYPE CAMERA(S): _____

I WOULD LIKE TO LEARN MORE ABOUT: _____

I LEARNED ABOUT THE MGCC THROUGH: _____

ANNUAL MEMBERSHIP DUES ARE \$25 PER INDIVIDUAL OR \$35 FOR A *JOINT MEMBERSHIP
*Joint membership is when two or more members of the same family join at the same time.
If joining after the last yearly competition, membership dues will count for the following year.

Please return application/payment to a club member or mail to:
**MIDDLE GEORGIA CAMERA CLUB
P.O. BOX 26518
MACON, GA 31221**

MEMBERSHIP DUES:
Individual (\$25) _____
Joint (\$35) _____

NAME BADGE(S) (Encouraged)
Individual (\$6) _____
Joint (\$12) _____

TOTAL PAID: \$ _____