

APPLICATION FOR MEMBERSHIP IN THE MIDDLE GEORGIA CAMERA CLUB

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):		DATE:
STREET:		PHONE:
CITY:	STATE:	ZIP:
OCCUPATION:	BUS. PHONE:	
BIRTHDAY (MONTH) (DAY)	SPONSOR: (OPTIONAL)	
EMAIL ADDRESS:		

MY CHIEF INTERESTS ARE: DIGITAL PHOTOGRAPHY
 CAMERA KNOWLEDGE DIGITAL IMAGE EDITING
 COMPOSITION FILM DEVELOPING AND PRINTING
 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 \$20 PER INDIVIDUAL OR \$30 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 fill and return application/payment to a club member or mail to:

MIDDLE GEORGIA CAMERA CLUB
P.O. BOX 26518
MACON, GA 31221

MEMBERSHIP DUES:	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____
(\$20) (\$30)	
NAME BADGE(S)	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____
(\$6) (\$12)	
TOTAL DUE: \$ _____	