



Personal Information (Please print)

First Name: _____ Last Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone No.: _____ Cell No.: _____

E-Mail Address: _____

(All Moose Jaw Camera Club correspondence will be done by e-mail or through the website. Outing details will be e-mailed or on the Club's website. Meeting dates will be posted on the Facebook group page as well as the website.)

Do you wish to be included on the Club's Member Contact List? YES NO

Membership Fees New Member Renewal

Single = \$40 Family = \$60 (up to 4 at same address) Student = \$20

(Please pay by cheque or cash to the Treasurer of the Club. Make cheques payable to "Moose Jaw Camera Club".)

PLEASE NOTE THAT ALL MEMBERSHIP FEES ARE NON-REFUNDABLE

Indicate Areas of Interest (check as many as you like)

Landscape Architecture Wildlife Macro Lifestyle

Portrait Street Editorial Post-Processing

Other (specify) _____

Are you willing to participate on a sub-committee? YES NO

Signature _____ Date _____/_____/_____

MJCC ADMIN USE ONLY: AMT REC'D _____ *Cash* _____ *Cheque* _____ *INITIAL* _____