

Moose Jaw Camera Club Membership Form

Please print:

First Name: _____ Last Name: _____

Address: _____

City/Town: _____ Postal Code: _____

Phone No.: _____ Cell No.: _____

E-Mail Address: _____

Date of Membership application: _____ / _____ / _____
Month Day Year

Membership Fees : _____ New Member _____ Renewal

_____ Adult = \$40 _____ Family = \$60 _____ 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

Are you on Facebook? _____ YES _____ NO

If so, what name do you use: As above _____ Something Else _____

Do you wish to be on and receive the Club Members' Contact List? _____ YES _____ NO

Your signature below gives permission for your name, picture, phone number and email to be included in the Contact List. List will be available to Members only.

Signature _____

ADMIN USE: Amount Received _____ Receipt Issued _____ Initial _____

Photo Numbers: From _____ To _____