

Berwick Viewfinders Camera Club Inc. Membership Form

I, the applicant hereby apply for membership to join the Berwick Viewfinders Camera Club

First Name _____ Surname _____

Partners Name (optional) _____ Date of Birth (optional) _____

Address _____

City/Suburb _____ Postcode _____

Email Address _____

Phone (home) _____ Mobile _____

Do you permit your email and phone numbers to be distributed amongst members?

Email Yes/No Home No Yes/No Mobile No. Yes/No

Signature of Applicant _____ Date _____

(Signature of Partner if Joining) _____

Signature of parent/guardian if applicant is under 18 _____ Date _____

How did you hear about our Club? Please tick one or more of the following boxes:-

Internet Word of Mouth Advertisement

Club Member If so, who referred you _____

Other Please specify _____

Are you or have you been a professional photographer? Yes No

How long have you been involved in photography? _____ Years _____ Mths

Have you been a member of another photography club or association? If so please name the club and what Grade or level you were in _____.

Have you previously been a member of the Berwick Viewfinders Camera Club? Yes No

Do you shoot in Digital Analogue Both Please list the camera(s) and lenses
you are currently using _____

Please tick & list ideas or goals that really interest you.

Hands on workshops Photography outings/weekends away Getting to know my camera

Please suggest other ideas you may have _____

Office use only: Applicant's Membership Number _____ Amount Paid \$ _____

Receipt No. _____ Date _____