

CHARD CAMEA CLUB
APPLICATION FORM FOR MEMBERSHIP

TITLE _____ FIRST NAME _____ SURNAME _____ ADDRESS _____ POST CODE _____	MEMBERSHIP No NUMBER*** *** to be allocated
EMAIL ADDRESS _____	

TEL No	HOME _____	MOBILE _____
MEMBERSHIP SUBSCRIPTION		
FULL	<input type="checkbox"/>	£40.00
SOCIAL	<input type="checkbox"/>	£17.50
STUDENT	<input type="checkbox"/>	£17.50

PHOTOGRAPHIC INTERESTS

CLOSE UP*	LANDSCAPES*	WILDLIFE*	PORTRAIT*	OTHER**

	BEGINNER	ADVANCING	ADVANCED
ABILITY*			
POST PROCESSING SKILLS*			

OPTIONAL WHAT POST PROCESSING DO YOU USE

LIGHTROOM*	<input type="checkbox"/>
PHOTOSHOP CC*	<input type="checkbox"/>
PHOTOSHOP ELEMENTS*	<input type="checkbox"/>
OTHER**.....	

PLEASE INDICATE WHAT YOU WOULD WANT TO GAIN FROM THIS CLUB

INTERACTION WITH MEMBERS*	<input type="checkbox"/>
TUITION*	<input type="checkbox"/>
ENTER COMPETITIONS*	<input type="checkbox"/>
OTHER**.....	

* = PLEASE TICK

** = PLEASE INDICATE YOUR PREFERENCE

HAVE YOU EVER BEEN MEMBER OF ANOTHER CAMERA CLUB?

ARE YOU A CURRENT MEMBER OF A CLUB (YES /NO)

IF YES, WHICH CLUB DO YOU WISH YOUR IMAGES TO REPRESENT IN EXTERNAL COMPETITIONS.....

I apply for membership of Chard Camera Club. I declare that I have read and understood the Club Rules, see

The Club's website www.chardcameraclub.org.uk, and that I must conduct myself at all times in the best

interests of the Club. I understand that the contravention of the Club Rules could lead to suspension or expulsion from the Club.

SIGNED _____

DATED _____

Data Protection Act. Information on this form will not be passed to any third party

SEND COMPLETED APPLICATION TO secretary@chardcameraclub.org.uk