

**METRO CAMERA CLUB
MEMBERSHIP INFORMATION**

NAME _____

TYPE OF MEMBERSHIP	INDIVIDUAL ----	\$30.00
	FAMILY ----	\$40.00
	STUDENT ----	\$10.00

FOR FAMILY MEMBERSHIP PLEASE LIST MEMBERS
OF YOUR FAMILY INCLUDED IN THIS MEMBERSHIP

MAILING ADDRESS

RESIDENCE ADDRESS

CITY _____ **STATE** ____ **ZIP** _____

HOME PHONE _____ **BUSINESS PHONE**

CELL PHONE _____ **PAGER** _____

OK TO CALL YOU AT WORK? YES _____ NO _____

EMAIL ADDRESS

(Please print clearly in Uppercase)

DO YOU WISH TO RECEIVE THE NEWSLETTER BY EMAIL? YES ___ NO ___

METHOD OF PAYMENT: CHECK _____ CASH _____

DATE PAID _____ **TAKEN BY** _____