

**METRO CAMERA CLUB  
MEMBERSHIP INFORMATION**

**NAME** \_\_\_\_\_

<b>TYPE OF MEMBERSHIP</b>	INDIVIDUAL ----	\$35.00
	FAMILY ----	\$45.00
	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** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CELL PHONE** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**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** \_\_\_\_\_