



Hawkesbury Camera Club Inc. Membership Form

Name: _____

Address: _____

Suburb: _____ Postcode: _____

Phone – Home: _____

Mobile: _____

Email Address: _____

How did you hear about the Club? _____

Do you consider yourself: Beginner Intermediate Advanced in Photography?

What are your photographic interests? _____

Do you have any suggestions for photo outings? _____

Do you give permission for your personal information to be included on the membership list for distribution to members only? Yes No

Signature: _____ Date: _____

Annual Membership Fee \$35

Receipt No: _____ Date: _____

Treasurer: _____
(Signature)