

Membership Application Form To be completed by each member

Alba Secretary,

I herby apply for membership of Alba Photographic Society and agree to abide by the rules and constitution of the club.

	GEN	NERAL INFORM	IATION			
Name:						
Occupation:						
Current address:	*					
Town:	County:			Post Code:		
Gender:			DOB:			
	CON	NTACT INFORM	ATION			
E-Mail:						
Home Telephone Number:						
Mobile Phone:						
Work:						
	EMERGE	NCY CONTACT	(OPTIONAL)			
Name of a relative not resid	ding with you:					
Address:				Phone:		
Town:	County:			Post Code:		
Relationship:						
	РНОТО	GRAPHIC INFO	RMATION			
Previous Club (s):						
Camera Equipment:						
Photographic Interests:						
Photographic Experience	Novice	Beginner	Intermediate	Advanced	Professional	
		SIGNATURE				
Signature of applicant:				Date:		

OFFICIAL USE ONLY

Membership Accept:	Yes	No	Membership Number:		
Membership Class:	Full	P	artner	Concession	Junior
Membership Paid:	Cash		Ch	Cheque	
Booklet:	Yes	No	WP	Yes	No

Note: All details will be held on a computer for use by the club and its committee. Your information will not be disclosed to third parties without your consent within the requirements of the law.