



Kawartha Camera Club

MEMBERSHIP APPLICATION

MEMBERSHIP YEAR:

APRIL 2024 / APRIL 2025

TYPE of MEMBERSHIP

NEW

Re-newal

Single

Receipt required: YES

Family

NO

If this is a renewal membership, please only supply personal information that has changed since the previous application.

Primary Member:

NAME: _____

ADDRESS: _____

CITY / POSTAL CODE: _____

PHONE NUMBER: _____

email address: _____

Secondary Member: (significant other, spouse , child)

NAME: _____

PHONE NUMBER: _____

email address: _____

Do you consent to having your phone number and email address being shared within the membership of the Kawartha Camera Club

Yes

No

Membership Paid in full:

\$35.00 (single)

\$50.00 (family)