



Charleston Camera Club Membership Application

Name: _____

Please check appropriate box below. **If you have chosen a family membership, please have every individual complete a membership application.** Family memberships must live at same address.

Single Membership (\$20.00) Family Membership (\$25.00) Student Membership (\$10.00)

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Website: _____

Please circle any of the following:

Do you consider yourself: Beginner Intermediate Advanced

Photography interests: Portraits Nature Landscape Sports

Close-up Black and White Digital Art

Other: _____

How long have you been shooting? <2yrs 3-5yrs 6-10yrs 10-15yrs
15-20yrs 20+years

Are you interested, now or in the future, in: Holding office Committee position

Being a Mentor Working with a Mentor

Other: _____

What do you hope to get out of joining the Charleston Camera Club?

How did you hear about the camera club? _____

