**Rockford Photo Club New Member Application**

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| **Type of Membership:** | Single ($35.00) | Family ($45.00) | Student ($25.00): |

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| **MEMBER 1 INFORMATION** | | | | | | | | | | | | | | | | | | | | | |
| **Member Name:** | |  | | | | | | | Is member over 18 years of age? | | | | | | | | | Yes | | | No |
| **Skill Level:** | | Beginner | | | Intermediate | | | | Advanced | | | | | | | | Professional | | | | |
| **Camera Brand:**  *(Canon, Nikon, Sony, etc.)* | |  | | | | | | **Camera Type:**  *(DSLR, point & shoot, film, etc.)* | | | | | |  | | | | | | | |
| Would you like a mentor to help with camera or photography questions? | | | | | | | | | | Yes | | No | | | | | | | | | |
| Would you like to be a mentor to someone else in the club? | | | | | | | | | | Yes | | No | | | | | | | | | |
| Do you use photo-editing software? | | | | | | | | | | Yes | | No | | | | | | | | | |
| If yes, what software? | | |  | | | | | | | | | | | | | | | | | | |
| **MAILING ADDRESS** | | | | | | | | | | | | | | | | | | | | | |
| **Street:** |  | | | | | **City:** |  | | | | **State:** | | | |  | | | | **Zip:** |  | |
| **Email Address:** (*If none, use N/A)* | | | |  | | | | | | | | | **Phone:** | | |  | | | | | |

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| **MEMBER 2 INFORMATION (Family Membership Only)** | | | | | | | | | | | | | | | | | | | |
| **Member Name:** | |  | | | | | | | Is member over 18 years of age? | | | | | | | Yes | | | No |
| **Skill Level:** | | Beginner | | | Intermediate | | | | Advanced | | | | | | Professional | | | | |
| **Camera Brand:**  *(Canon, Nikon, Sony, etc.)* | |  | | | | | | **Camera Type:**  *(DSLR, point & shoot, film, etc.)* | | | | |  | | | | | | |
| Would you like a mentor to help with camera or photography questions? | | | | | | | | | | Yes | | No | | | | | | | |
| Would you like to be a mentor to someone else in the club? | | | | | | | | | | Yes | | No | | | | | | | |
| Do you use photo-editing software? | | | | | | | | | | Yes | | No | | | | | | | |
| If yes, what software? | | |  | | | | | | | | | | | | | | | | |
| **MAILING ADDRESS (If different than Member 1)** | | | | | | | | | | | | | | | | | | | |
| **Street:** |  | | | | | **City:** |  | | | | **State:** | | |  | | | **Zip:** |  | |
| **Email Address:** (*If none, use N/A)* | | | |  | | | | | | | | | | | | | | | |