



MEMBERSHIP REGISTRATION 2012

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE _____

E-MAIL ADDRESS: _____

INTERESTS:

What is important to you about the club? Meeting People _____ Improving skills _____

What activities interest you most? Workshops _____ Critique sessions _____

Are you interested in volunteering? Critique _____ Help at meetings _____ Teach workshops _____

Other comments (if any): _____

Skill level: Beginner _____ Intermediate _____ Advanced _____ Professional _____

Our membership roster is available to club members for personal use only, upon special request.

_____ Please check if you DON'T want your membership information made available to other club members.

MEMBERSHIP TYPES AVAILABLE:

Please check appropriate membership category:

Individual Dues (One member) \$30.00 _____

Couple Dues (2 people at same address) \$40.00 _____

Student Dues (A person who at the time the dues are paid is enrolled as a full time (12 or more

Credit hours) student in an educational program that leads to a diploma, degree, certificate

or other recognized educational credential.) \$15.00 _____

Please fill out this membership registration form. Include a check for the appropriate amount payable to

CASCADE CAMERA CLUB. You may bring it to a meeting or mail it to :

Avery Frazier membership@casadecameraclub.org

60441 Tall Pine Ave

Bend, Or 97702 (541) 312-4264