Calumet Region Photo Club Application

Family Membership

Personal Information:

Name:_____
Last First

Spouse Name: _____

Address:_____City: _____

State:_____ Zip:_____ Email: _____

Phone: _____

Please indicate areas and levels of interest:

Camera Type:

_____ Point and Shoot _____ Single Lens Reflex (SLR)

What Make and Model Camera do you use: _____

Media Type:_____Film _____ Slides _____ Digital

Do you digitally process or edit your photos? _____ Yes _____ No

If so, what application do you use? _____ Photoshop _____ Photoshop Elements

_____ Lightroom _____ Nik / On1 _____ Other: _____

Photography Interests: (such as General, Nature, Portraits, Pets, Flowers, Landscapes)

_____

_____

_____

What would you like to learn as a member of this club?

_____

_____

_____

Are you interested in learning more about Club Photo Competitions or the Mentoring Program?

_____

_____

Fee: $30 Per individual or Family

Please write check to:
Calumet Region Photo Club
and bring the check with you to one of our club meetings.