



COCHRANE CAMERA CLUB MEMBERSHIP FORM

Date: _____

Name: _____

Person 2: _____

(if a family membership)

Email: _____

Phone No.: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Camera Equipment: _____

(ie, Nikon, SLR, point and shoot)

This information is collected exclusively for the Cochrane Camera Club and will not be otherwise distributed or sold.

Dues Paid: _____ Cash _____ Cheque _____

Membership year is from September until June

Fees: \$30.00 per member/ \$50.00 per family

If membership starts January to April, \$20 single / \$30 family.

If membership starts May or June, full fee paid, but membership fee covers remainder of current year and the following year

By joining the Cochrane Camera Club, I understand that photos might be taken of me by various members and I agree that such photos can be used by the Cochrane Camera Club as it chooses, including posting on the Cochrane Camera Club website and/or social media, advertising, and/or submitting to the press as part of an advertising campaign or news story.

Signature: _____