



MEMBERSHIP FORM

New: _____ Renewal: _____

Date: _____

If **NEW**, please tell us how you discovered Redlands Camera Club:

Legibly Print ALL information:

Name:		Email:	
Mailing Address:			
City:	State:	Zip:	
Home Phone:		Cell Phone:	

Annual Membership Dues: \$45.00

Second Person (immediate relative) \$15.00 (2nd person must submit their own form, including dues).

Student Membership \$20.00

If paying \$15, I am a relative of: _____

Payment: Check: \$ _____ Check # _____ or Cash \$ _____

Make check payable to: Redlands Camera Club

Please give this form and dues to the Membership Chair or mail to:

Redlands Camera Club
Membership
P.O. Box 7261
Redlands, CA 92375

(For Club Use Only)

Date Rec'd _____

Posted in Data base _____

Email changes to Photogram Editor _____

Club Year _____ to _____

Notes: