

Gainesville Photography Club
Membership application, 2024

First name: _____

Surname: _____

Nick name: _____

Mailing address: _____

Phone: home: _____ mobile: _____

e-mail address: _____

- Membership:
- | | |
|--|---|
| <input type="checkbox"/> Individual \$25 | <input type="checkbox"/> Individual July-Dec. \$12.50 |
| <input type="checkbox"/> Family \$35 | <input type="checkbox"/> Family July-Dec. \$17.50 |
| <input type="checkbox"/> Student \$15 | <input type="checkbox"/> Student July-Dec. \$7.50 |

What are your particular photography interest?

Would you like to present a short tutorial? Yes No

Topic(s):

Received from _____ Date: ___/___/___-2024

Check # _____ for \$ _____ Cash: \$ _____

Treasurer: _____

or Mail to: Gainesville Photography Club
c/o Fred Ross
1730 NW 113th Drive
Gainesville, FL 32606