



Membership Form

Dear Member,
 Please fill in the following to the best of your knowledge. It is used as contact information and to choose the club's programming to best suit its membership. Your personal information is shared only with the OCC Executive members only.

- Thank you

Office Use	Membership Number:					Fees Paid
	Student	Individual	Family	Add. Family	Pro Rate	
Date						

Personal Information	Name: _____		
	Address: _____		
	City: _____	Postal: _____	
	Telephone: _____		
	Email: _____		
Website: _____			
	Mailing Address (if different from above): _____ _____	Membership Type: <input type="checkbox"/> Student @ \$15.00 <input type="checkbox"/> Individual @ \$45.00 <input type="checkbox"/> Family @ \$55.00 * Num. Addition Family _____	*Includes one immediate family member. *Add \$5 for each additional immediate (same address) family member.
Equipment	Do you prefer to shoot in: (Check) <input type="checkbox"/> Film: _____ <input type="checkbox"/> Digital: _____		
	Make of Camera(s): _____ _____		
	Model(s): _____ _____		
Interests	Photography topics you are interested in and would like to learn more about. _____ _____ _____		
	Please make checks payable to "Orangeville Camera Club" and mail or present to: Mrs Barbara-Anne Frost, OCC Treasurer, 5 Stoney Cr., Orangeville, Ontario, L9W2Y1, (519-941-1574)		