

“Bay and Basin Camera Club” Membership Application Form

Full Name: _____

Address: _____

_____ Post Code. _____

Phone: _____ Mobile: _____

Email: _____

To help facilitate contact between club members, I consent to the checked contact details being made available to other members of the Bay and Basin Camera Club.

Name Phone Email Address

Signed: _____ Date: _____

Committee use only – Please do not complete

Membership Type Full School Student Adult with children Amount Paid: \$ _____

Committee Member Signature: _____ Date: _____

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