



# Windsor Camera Club

## Membership Request Form

Bring this form to a meeting if you are joining in person.

Dues: \$85/year (Jan-Dec; prorated)

Etransfer to: [wcc.exec.2024@gmail.com](mailto:wcc.exec.2024@gmail.com)

Date:

### Contact information

Name \*

Email \*

Phone \*

Birth month (optional)

Month only (no day or year).

### Address

Address \*

Address line 2 (optional)

City \*

State / Province / Region \*

Postal / ZIP code \*

Country (optional)

### About you (optional)

Tell us about yourself & How did you hear about **Windsor Camera Club**?

What do you hope to achieve in photography and what can **Windsor Camera Club** do for you?

### Consent

I consent to Windsor Camera Club storing this information for membership purposes. \*

Send me club updates by email (optional).

Signature \*

Date \*

### Office use

Received by: \_\_\_\_\_

Payment received: \_\_\_\_\_

Account created: \_\_\_\_\_