

# HILLCREST CAMERA CLUB

## Membership Application

Please complete the following information by printing legibly. If a family member is joining with you, please print his or her name in the area provided.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State, Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### FOR FAMILY MEMBERSHIPS:

Other Family Member Name:

\_\_\_\_\_

Family Member Email:

\_\_\_\_\_

Family Member Cell: (\_\_\_\_\_) \_\_\_\_\_

Dues: Annual Dues are \$40.00 per individual members, \$50.00 for family, and \$15.00 for student. Dues are payable in September of each year.

Please make check payable to: Hillcrest Camera Club

Return this application form and check to:

Walter Stettler

President

250 County Road 579

Bloomsbury, NJ 08804