



Hillcrest Camera Club

Membership Application

Last Name: _____ First Name _____

Address _____

City _____ State _____ Zip code _____

Phone () _____ Cell () _____

Email _____

Annual dues: \$40.00/person, payable in September of each year.

Make checks payable to: Hillcrest Camera Club

Bring this application form and your check to a meeting.