



# *Hillcrest Camera Club*

## Membership Application

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

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

Email \_\_\_\_\_

Annual dues: \$45.00/person, payable in September of each year.

Make checks payable to: Hillcrest Camera Club

Bring this application form and your check to a meeting.