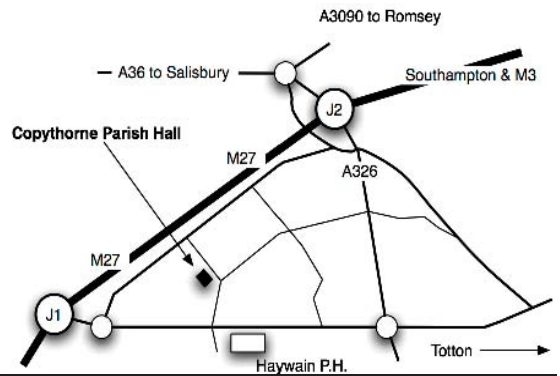


Southampton Camera Club

Copythorne Parish Hall, Copythorne, Southampton, Hampshire, SO40 2NZ

Membership Application Form

Please fill out this application form and bring to the clubroom for authorisation



First Name:

Family Name:

Address:

House no / name:

Street:

Town / City:

County:

Postcode:

E-mail:

Tel:

Mobile phone:

Membership:

Individual:

Family:

* Concession:

DOB if under 18:

* Concessions apply to members under 18 / over 60 and to full time students under 26.

If elected I agree to abide by the rules of the club.

Signature:

Date:

Additional information:

Occupation / Profession / Retired:

Photographic Experience / Qualifications:

Where did you hear about SCC:

Official Use Only:

Date joined: Fee paid: Membership No:

Club Membership Secretary :

Signature:

Print name: