

Tidelands Photography Club
Membership Application
WRITE OR PRINT LEGIBLY - PLEASE

Name: _____ (both names if Family)

Name 2: _____

E-Mail: _____

E-Mail 2: _____ (second person if Family)

Phone Number with Area Code: (____) _____

Membership Fee:

	<u>Individual</u>	<u>Family</u>
January	\$30.00	\$45.00
February	27.50	41.25
March	25.00	37.50
April	22.50	33.75
May	20.00	30.00
Jun	17.50	26.25
July	15.00	22.50
August	12.50	18.75
September	10.00	15.00
October	7.50	11.25
November	5.00	7.50
December	30.00*	45.00* (* Includes following year)

("This pro-rated schedule pertains to new members only. Returning members will pay the full year individual/family rate of \$30/\$45".)

Photography Interests:

____ Landscape Photography ____ Macro ____ Sunrise/sunset
____ Post Processing ____ Flowers ____ Other specify _____

Volunteer Interests:

Presenter: ____ Board Member: ____ Field Trip Leader: ____

Other (Specify): _____

Mail completed application and check to: Tidelands Photography Club
c/o Bob DeMarco
156 Stonegate Blvd
Murrells Inlet SC 29576