



# Membership Application & Renewal Form

NAME (S) : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: (    ) \_\_\_\_\_

DUES ARE: \$25.00 PER MEMBER PER YEAR or \$40.00 PER COUPLE PER YEAR

NUMBER OF MEMBERS:  AMOUNT ENCLOSED: \_\_\_\_\_ CHECK:  CASH:

MAKE ALL CHECKS PAYABLE TO "PLACER CAMERA CLUB"  
TURN THE MONEY AND THIS FORM IN AT THE NEXT MEETING  
OR MAIL THEM TO:

PLACER CAMERA CLUB  
P.O. BOX 4990  
AUBURN, CA 95604