

GLENROTHES CAMERA CLUB

3 Woodside Walk Glenrothes Fife KY7 5DT

Membership Application (New & Renewal) Revised 29 May 2018

Full Name:				
Address:				
Postcode:				
Contact Numbers:	Home:		Mobile:	
Email Address:				
Membership:	ple	ease tick the ap	propriate box	
Full				
Concession				
Membership Numb	er (if knowr	າ):	_	
knowledge. I give n information to cont receive a copy of m membership fees. I	ny permissi act me rega ny club hand agree to co	on for Glenro arding my mer dbook upon re omply with all	t and accurate to the best of mathes Camera Club to use the ambership and club activities. I eceipt of full payment of my rules and regulations of the cideline and policy documents	bove will lub as
Signed:			Date:	
As per constitution discretion of the co	-	nip of Glenrotl	hes Camera Club is at the	
We would apprecia questionnaire.	te if you wo	ould complete	and return the enclosed	

Full Name : Camera system used?_____ Editing Software used? _____ Level of Photographic ability: please tick the appropriate box Beginner Intermediate Advanced Photographic interest: Landscape Sport Studio **Architecture** Wildlife other please specify:_ is your expectation of joining GCC? What topics would you like to see on the syllabus?_____ Do you specialise in any specific areas of photography? Yes If yes what? Would you be willing to present to the members? Yes No If yes what subject?:_____ Would you be willing to mentor a beginner? Yes Yes □ Would you accept help from a mentor? No

Thank you.

Membership Questionnaire