

Berwick Viewfinders Camera Club Inc. – Application for Membership

First Name		Surname	
Address			
City / Suburb		P/code	
Contact Phone Number		DOB: (optional)	
Email Address			
Emergency Contact		Mobile Phone	
Partner's Name: (optional)			
I permit the following to be distributed to other club members – delete those not permissible		Contact Phone	Email
How did you hear about Berwick Viewfinders Camera Club? Tick all that apply.			
Internet		Word of Mouth	
Advertisement			
Club Member – who referred you?			
Other – please specify			
Are you, or have you ever been a professional photographer?			
How long have you been involved in photography?	Years		Months
Have you entered National or International Photographic competitions?	Yes		No
Are you, or have you been a member of another photography club or association?			
If YES, Club Name		Grade	
Have you previously been a member of Berwick Viewfinders Camera Club?			
Do you shoot in	Digital		Analogue
			Both
Please list the cameras & lenses you currently use			
Please tick/list areas of interest	Hands-on workshops		Photo outings/weekends
	Know your camera		Other
Any other ideas?			
If accepted for membership of BVCC, I have read and agree to observe and abide by the club constitution and by-laws and be of good standing within the photographic community.			
Signature of Applicant		Date	
Parent/Guardian Signature (if under 18)		Date	
BVCC USE ONLY			
Application approved by the committee	Y / N	Date	Method
			Meeting Circulation
Membership Number		Membership Type	
Receipt Number		Amount Paid	\$
		Date	

NOTE: Where a Family membership is being applied for, an application form is required for each family member.