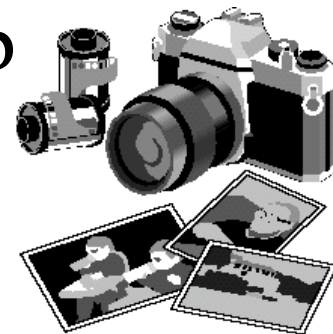




Park West Camera Club

www.parkwestcameraclub.org
pwccny@aol.com



Membership Application

Date _____/_____/_____

Name _____

Address _____

Home Phone (____)_____ Work Phone (____)_____

Cell Phone (____)_____

E-mail Address _____

Payments

| | <u>Date Paid</u> | <u>Amount Paid</u> |
|--|------------------|--------------------|
| Camera Club Dues (\$ 150.00 or prorated) | ____/____/____ | _____ |

Please bring this completed application along with your payment to any PWCC meeting. Make checks payable to Park West Camera Club.

You may also mail your completed application and payment (please do not mail cash) to Park West Camera Club, c/o Pine, 680 West End Avenue, NY, NY 10025.

Committees

Please select from 1 to 3 committees on which to serve:

- | | | |
|--------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Competition | <input type="checkbox"/> Field Trip | <input type="checkbox"/> Gallery |
| <input type="checkbox"/> House | <input type="checkbox"/> Membership | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Program | <input type="checkbox"/> Publicity | <input type="checkbox"/> Social |
| <input type="checkbox"/> Workshop | <input type="checkbox"/> Web Site | |