Park West Camera Club

<www.parkwestcameraclub.org>
<pwccny@aol.com> and <pwccny@gmail.com>

Membership Application

Name _____ Date ____/_____/ _____

Address _____

_____

Home Phone ( ) _____ Mobile Phone ( ) _____

Email _____ Birthday Month _____

Payments

	Date Paid	Amount Paid
Camera Club Dues: $60	_____	_____

Please mail your completed application and check (payable to Park West Camera Club) to Park West Camera Club c/o Schonbrun, 315 Riverside Drive, Apt. 5E, New York, N.Y. 10025

You may also send your $60 payment using Zelle. Send the funds to <jnawy1@gmail.com>

Committees

Please select which Committee(s) you may be interested in serving on:

( ) Competition	( ) Field Trip	( ) Gallery	( ) Program
( ) Website	( ) Membership	( ) Newsletter	( ) Workshop

How did you first learn of Park West Camera Club?

( ) PWCC on Instagram ( ) PWCC on Facebook

( ) Google Search ( ) Current or Former Member

( ) Other _____ (please specify)