



Park West Camera Club

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

Membership Application

Date _____/_____/_____

Name _____

Address _____

Home # () _____

Mobile # () _____

Email: _____

Birthday Month: _____

PAYMENTS

	<u>Date Paid</u>	<u>Amount Paid</u>
Camera Club Dues: \$50	_____	_____

While the club is meeting on Zoom, please mail your completed application and payment to Park West Camera Club, c/o Schonbrun, 315 Riverside Drive, Apt. 5E, New York, N.Y. 10025

Committees

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

- | | | |
|--------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Competition | <input type="checkbox"/> Field Trip | <input type="checkbox"/> Gallery |
| <input type="checkbox"/> Program | <input type="checkbox"/> Membership | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Website | <input type="checkbox"/> Workshop | |