



SOUTH TOWNS CAMERA CLUB

Application for New Membership 2020-2021

Membership: \$25 Single \$50 Joint

PLEASE PRINT

Name: _____

(Joint)Name 2: _____

Address: _____

Phone # _____ Cell # _____

E-mail (1) _____ (2) _____

Other Club Membership: Yes No Club Name: _____

Competition level held in other NFRCC Club: _____

Occupation or Profession: _____

Do you engage in professional photography? Yes No

If yes, what area? (i.e. wedding, portraits etc.) _____

Will you be participating in the monthly Club competitions? Yes No

What are your competition interests? Monochrome Color Prints Digital Images

Do you print your own . . . Color Prints? Yes No Monochrome Prints? Yes No

Would you like to? Yes No

Have you ever judged a competition? Yes No Would you like to? Yes No

Have you presented programs? Yes No Would you like to? Yes No

Would you like to assist and/or tutor beginners? Yes No

What type of programs would you like to see? _____

Do you have any suggestions for field trips? _____

I understand by entering the STCC Digital Competition, I am giving permission to have my images displayed on the STCC webpage and I am also giving the STCC permission to enter my images in interclub and PSA competitions.

Send completed form with check made out to STCC to:
Lisa Gorski, 2841 Roswell Parkway, Eden, NY 14057

Rev. 8/2020