CHANNEL CITY CAMERA CLUB
MEMBERSHIP APPLICATION

First Name …… Spouse/S.O. ……..……

Last Name……

Address ……

City ……..……. State …..…… ZIP……..…….

Home Phone ……. Cell ……..……..

Email ……..…….

Web Site ……..

Particular Interests …….

How did you hear about this club? ……..…

Look for our monthly newsletter, **The Angle**, in your email
Our website, www.cccameraclub.com, is an excellent source of information about our club events activities and competition rules and results.

Annual dues (Feb 1 thru January 31) are $60
July 1 thru Oct. 31, dues are $30 for balance of year
After Nov 1, dues return to $60 but included the following year as well
Make checks payable to:
Channel City Camera Club
and send to:
Channel City Camera Club, PO Box 30453, Santa Barbara, CA

Please be sure to sign the Field Trip Waiver and include it with your application.

Signed …… Date ……