



## Fort Wayne Photography Club Membership Application

Please complete the following information. **Check the box if you do not want this information made public.**  
**If unchecked, this information will be available to other club members.**

|                                               |                                       |
|-----------------------------------------------|---------------------------------------|
| Application Date: __ / __ / ____ (MM/DD/YYYY) |                                       |
| Full Name:                                    | <input type="checkbox"/> Keep Private |
| Email Address:                                | <input type="checkbox"/> Keep Private |
| Phone Number:                                 | <input type="checkbox"/> Keep Private |

### Membership Type:

- ☐ Adult Annual Membership (\$30 or \$15 After April 1st)
- ☐ Student Annual Membership (\$15 or \$7.50 After April 1st - Full Time Student and Under 21)
- ☐ Membership Dues Assistance Request

**Payment Methods:** Cash, Check or Paypal. Checks or Cash can be brought to your first meeting or event.  
Make Checks payable to FW Photo Club, 4210 Barton Lane, Ft. Wayne, IN 46815 or Paypal, add \$2.00  
Service Fee That Paypal Charges our club.

**Please Note:** By joining, you grant the Fort Wayne Photography Club permission to use your images for club related purposes, such as the newsletter, website, Facebook page and advertising. You still maintain full copyright to your images. If you wish to opt out of this, put an X here. \_\_\_\_\_

### General Information:

How would you rate your photography skills:

- ☐ Beginner      ☐ Intermediate      ☐ Advanced      ☐ Professional

Preferred method of communicating with the club:

- ☐ Facebook      ☐ Website      ☐ Email      ☐ Instagram

What types of workshops would you be interested in: \_\_\_\_\_

What types of photography would you like to learn about: \_\_\_\_\_

Why are you joining the Club: \_\_\_\_\_

How did you learn about us: \_\_\_\_\_

For Treasurer's Use Only:

|              |       |                               |                |
|--------------|-------|-------------------------------|----------------|
| Amount Paid: | Date: | <input type="checkbox"/> Cash | Check #: _____ |
|--------------|-------|-------------------------------|----------------|