

Delta Photo Club Membership Form 2018 - 2019

Name: _____

Family Members Names (If Family Membership):

Name 2: _____

Name 3: _____

Name 4: _____

Contact E-mail (Please Print Clearly): _____

Address: _____

City: _____

Postal Code: _____

Phone (Home): _____

Phone (Cell): _____

Emergency Contact Name: _____

Cell: _____

Membership Type: Single \$70.00 _____ Family \$120.00 _____ Youth (18 and Under) \$50.00 _____

Paid by: Cash: _____ Cheque: _____ Cheque Number: _____

Received by Name and Signature (DPC): _____ / _____

Member Signature: _____

Date: _____

Interests: _____
