Castlemaine Camera Club Inc.
A0011524M
PO Box 583, Castlemaine Vic 3450
www.castlemainecameraclub.org

Membership Application Form

I, …….. apply to become a member of
(name)

the Castlemaine Camera Club Inc. In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

……..… ……..
(signature of Applicant) *(date)*

……..… ……..
(signature of Parent/Guardian if under 18) *(date)*

Address: _____

_____ Postcode _____

Phone: _____

Mobile: _____

Email: _____

Membership: ☐ Student $10 ☐ Single $40 ☐ Family $60
Full time secondary students

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www.castlemainecameraclub.org castlemainecameraclub@gmail.com

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Club Admin Use Only

Receipted by Treasurer: _____ (Date) _____ (Receipt No.)

Registered by Secretary: _____ (Date) _____ (Member No.)

Ver. CT 5/04/2015