



ADELAIDE HILLS PHOTOGRAPHY CLUB INC.

<http://www.adelaidehillsp photographyclub.com.au/>

EMAIL: AHPC.president@gmail.com

MEMBERSHIP APPLICATION

Please print neatly:

NAME: EMAIL:

ADDRESS:

MOBILE ph:H: N.O.K NAME :

N.O.K Relationship & 'ph number:

AHPC provides information via emails about club activities, field trips, local & regional photographic information and importantly - SAPF information including courses and seminars available to affiliated members.

I am (circle): **Full fee member** **Full time Student** **Junior Member (U18)** **Pensioner**

I note that the annual subscription (or pro rata offered to me) is (If unknown, leave blank): <i>Please note: Payment is not required until you are notified of acceptance of your application.</i>		\$.....
Previous/current member of any photographic/club? If YES - Name of club/s, include any committee positions held &/or if you are an SAPF listed Judge: <i>Payment to treasurer by cash OR Online - details on website....</i>		YES / NO
How did you find out about the AHPC? (Circle): <u>AHPC Brochure</u> <u>AHPC Website</u> <u>AHPC FB</u> <u>Friend</u> <u>SAPF Website</u> <u>Newspaper</u> <u>Photographic Exhibition</u> <u>Photographer</u> <u>Camera Shop</u> <u>TAFE</u> <u>Other Club</u>		

AREAS of PHOTOGRAPHIC INTEREST: (Please Tick &/or add others)			
Digital editing	<input type="checkbox"/>	Audio/visual	<input type="checkbox"/>
Colour prints	<input type="checkbox"/>	Field trips/outings	<input type="checkbox"/>
Monochrome prints	<input type="checkbox"/>	Presenting on my interests	<input type="checkbox"/>
Slides/negatives	<input type="checkbox"/>	Judging/learning to judge	<input type="checkbox"/>
Digital images	<input type="checkbox"/>	Creative/artistic	<input type="checkbox"/>
		Photojournalism	<input type="checkbox"/>
		B&W	<input type="checkbox"/>
		Nature/scapes	<input type="checkbox"/>
		Macro	<input type="checkbox"/>
		Becoming a Judge	<input type="checkbox"/>

I agree to abide by the Rules and Constitution of the Adelaide Hills Photography Club Inc.

Signed - APPLICANT:

If under 18 - Parent's/Guardian's: EMAIL (will receive all member emails):

Parent's Name: Parent's Signature:

Date submitted to AHPC Committee member:

Office use only:

Name of NOMINATING AHPC MEMBER:

Application Accepted at Committee meeting held: (Date).....

Signature (Committee Member):Member Number:.....