Land Lakes Photography Club

Membership Application

Name: _____ **Date:** _____

Address: _____

Phone: _____ (Mobile) _____ (Home)

Email: _____

Birthday: Month _____ Day _____

Camera(s): _____

Experience:

☐ Beginner ☐ Amateur ☐ Experienced Amateur ☐ Professional

Computer:

☐ Windows ☐ Mac ☐ Other: _____

☐ Facebook ☐ Other Social Media or Photo Sharing Site: _____

Are you willing to volunteer, present, or share skills with the club?

_____

_____

Special Skills or Interests:

_____

_____

Waiver of Responsibility:

While precautions will be taken for club events, I understand that neither the Land O' Lakes Photography Club nor its Board of Directors can assume responsibility for personal injury or the loss of, or damage to property at events sponsored by the Land O' Lakes Photography Club.

Signature: _____ **Date:** _____