CREATIVE CAMERA CLUB INC.
Registration Form

Please PRINT Clearly Date_____

Your Name: _____

Address: _____

City/State/Zip: _____

Phone (With area code): Cell: _____

E-mail Address (*print clearly*): _____

Family Member Name: _____

Home Phone (With area code): Cell: _____

E-mail Address (*print clearly*): _____

Note: If more than 2 family members, please print additional copies to enter all names.

New Member please check box.

□ New Member Referred by _____

Please check which type registration you are submitting:

□ Individual ($25) □ Family ($32) □ Under 18 yrs of age ($6)

Membership Division

Your Division□

B&W Image: □ Novice □ Beginner □ Intermediate □ Advanced □ High School □ Youth

Color Image: □ Novice □ Beginner □ Intermediate □ Advanced □ High School □ Youth

Family Member Division

B&W Image: □ Novice □ Beginner □ Intermediate □ Advanced □ High School □ Youth

Color Image: □ Novice □ Beginner □ Intermediate □ Advanced □ High School □ Youth

Camera:_____

Photo Interest: _____

□ Include me in First Thursday Impromptu Outings email notifications

PLEASE MAKE CHECKS OUT TO CREATIVE CAMERA CLUB INC.

MAIL TO OUR TREASURER: Kenneth Graulich, 117 Somersly Place, Lexington, KY 40515

Note: You can use Adobe Reader "Fill & Sign" to complete the form then print and mail with your check.