



## Registration / Application For Membership Of Association

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Cost Adult \$40 pa (\$30 / < 6 months) Date Paid \_\_\_\_\_ Receipt No: \_\_\_\_\_

Cost Junior: \$30 pa (\$22.50 / < 6 months) Date Paid \_\_\_\_\_ Receipt No: \_\_\_\_\_

Membership fees will cover room use, insurance, membership of NSW Federation of Camera Clubs and costs.  
Annual membership is July > June. Under 16 years considered junior members.

I, \_\_\_\_\_ agree to be a responsible and financial member of the Blackjack Camera Club Inc. I agree that all photos taken and posted are my own and allow the Club to display them on their web page and Facebook sites. If at any time I prefer not to have my photos displayed I will advise the club in writing. Any persons found to be acting dishonestly or breaching copyrights will be asked to leave the Club.

### Applicant

Name: \_\_\_\_\_  
hereby apply to become a member of the above named incorporated club. In the event of my admission as a member, I agree to be bound by the constitution of the club for the time being in force.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Guardian Consent (16 & Under)

Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Nominated By

Name: \_\_\_\_\_  
a member of the club, nominate the applicant for membership of the club.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Seconded By

Name: \_\_\_\_\_  
a member of the club, second the nomination of the applicant for membership of the club

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

|                          |
|--------------------------|
| Office Use Only          |
| Membership Number: _____ |
| Date joined: _____       |