



## Photochrome Membership Application

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone(s) \_\_\_\_\_

E-mail \_\_\_\_\_

Yes, I want to receive e-mail from the club about events and activities. (We will not share your address with anyone else).

Photographic experience:

What do you want from membership in the club?

How did you hear about the club?

Are you interested in serving on a committee or in another volunteer capacity?

Yearly full membership privileges including exhibiting work  
Singles: \$60.00.  
Couples: \$100.00. Dues after Sept. 1: Singles \$30.00. Couples: \$50.00.  
Make your check payable to: Photochrome.

Bring your application and dues to a club meeting or mail to:  
**Photochrome Club of San Francisco**  
**P.O. Box 27265**  
**San Francisco, CA 94127**