TRINITY ARTS PHOTO CLUB

____New Member(s) or ____Returning Member(s) please mark one

Contact Information: (please print your name as you wish it to appear on your nametag)

1st Member Name: _____

Email Address: _____

Primary Phone: _____

Experience: _____ Beginner/Amateur _____ Advanced/Professional

2st Member Name: _____

Email Address: _____

Primary Phone: _____

Experience: _____ Beginner/Amateur _____ Advanced/Professional

For Club Use
Competition Number

_____

_____

To determine which category you fit in, here are suggested guidelines to help you make your choice. We will be happy to answer any questions you may have.

BEGINNER OR INTERMEDIATE: ***Photographer with or without post processing experience.***

ADVANCED: ***Comfortable with the technical aspects of the camera. Proficient in the concepts of composition, exposure, lighting, and post-processing techniques for creating images.***

MAILING ADDRESS:

_____

Address Apt City State Zip

Contact number if you wish to provide it: _____

Signed:_____ **Date:**_____

Annual Membership Dues (Prorated amounts apply to New Members joining during the year)
If you join in..... Membership Dues are.....

Month	Individual	Family	Student
Jan, Feb, Mar	$35.00	$45.00	$25.00
Apr, May, Jun	$30.00	$35.00	$20.00
Jul, Aug, Sep	$20.00	$25.00	$15.00
Oct, Nov, Dec*	$35.00	$45.00	$25.00

* If you join during the last quarter (Oct, Nov, Dec) your dues amount will also cover next year's dues

_____ Cash _____ Check (make check payable to Trinity Arts Photo Club)

Make checks payable to: Trinity Arts Photo Club

Payment may be made by CASH, CHECK, OR ZELLE.

email: tapc.memberdues@gmail.com