



SOUTHEASTERN
PHOTOGRAPHIC **Membership Application**
S O C I E T Y

\$30 individual, \$40 household (any number of household members)

Name: _____

2nd Name: _____

Address: _____

City: _____ State: _____

ZIP: _____

Home: _____

Work: _____

Cell: _____

Email: _____

(required to receive newsletter and even notices)

Web Site: _____

Year Joined: _____

If mailing in your form, please include your check and address to:

Southeastern Photographic Society
PO Box 49646, Atlanta GA 30359-1646

.....
For Membership Committee use

Meetup Site Title: _____

____ Amount (____ # or ____ \$) (____ Sgl ____ Fam ____ Disct)

____ Date Received ____ Database ____ Badge

____ Amount (____ # or ____ \$) (____ Sgl ____ Fam ____ Disct)

____ Date Received ____ Database ____ Badge

____ Amount (____ # or ____ \$) (____ Sgl ____ Fam ____ Disct)

____ Date Received ____ Database ____ Badge

____ Amount (____ # or ____ \$) (____ Sgl ____ Fam ____ Disct)

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