

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Phone:

Email:

Phone:

Current address:

City:

State:

ZIP Code:

EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

SIGNATURES

Signature of applicant:

Date:

Signature of spouse *(only if for a joint membership):*

Date:

What kind of camera do you have? _____

Do you have any studio lights? _____

What do you plan to do with your images? _____

What do you plan to get out of Light Study? _____