

SALT CREEK CAMERA CLUB  
www.saltcreekcameraclub.com

MEMBERSHIP APPLICATION

Dues \$30/Year (September 1 to May 31)

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

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

What do you hope to gain from your membership in SCCC? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What Brand/Type Camera(s) do you presently use? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you presently post-process your images on a computer? Yes\_\_\_ No\_\_\_

If yes, which software program(s) do you utilize?

\_\_\_\_\_

Operating Committees: SCCC requires the cooperation of its members to assist in ongoing operations. Please indicate at least one of the committees on which you would be willing to help. (No previous experience in any of these areas is required).

Social \_\_\_\_\_

Equipment Set-up \_\_\_\_\_

Membership \_\_\_\_\_

Publicity \_\_\_\_\_

Competition \_\_\_\_\_

Field Trips \_\_\_\_\_

Wherever help is required \_\_\_\_\_

