



North
Shore
Photographic
Society

Membership Application Form

New Member(s) Returning Member(s)

Date _____

Annual Membership Fee

Individual **\$50** (September 1st to August 31st) / \$25 (only April 1st to August 31st)

Family **\$65** (September 1st to August 31st) / \$32.50 (only April 1st to August 31st)

Student **\$35** (September 1st to August 31st) / \$17.50 (only April 1st to August 31st)

Amount Received \$ _____ Cash Cheque

Received by _____ (name of NSPS Membership Volunteer)

Name Member 1 _____

Email Member 1 _____

Name Member 2 _____

Email Member 2 _____

Street Address _____

City _____ Province _____ Postal Code _____

Phone Number _____

Your personal information will not be circulated or passed on.

Are you willing to be contacted by the NSPS Executive via e-mail for club notifications and information about photographic competitions? Yes No

Do you allow your images to be submitted by NSPS for club and CAPA competitions? Yes No

Do you allow your images to be used for NSPS marketing, e.g., website, posters? Yes No

Are you a member of another photography club? Yes No

Note: A photo cannot be submitted to the same competition from more than one club.

How did you hear about the North Shore Photographic Society? _____