



KRUGERSDORP CAMERA CLUB
P O BOX 529
KRUGERSDORP
1740

APPLICATION FOR MEMBERSHIP

Full name: _____

Address: _____

Telephone numbers: _____ (Home)

_____ (Work)

_____ (Cellular)

E-mail address: _____

I am interested in:

Slides

Prints

Digital imaging

Audio Visuals

Proposed by: _____

Entrance fee: R50.00

Membership fee: R200.00

Signature: _____

Date: _____

PSSA Member: Yes No

Your membership fee should accompany this application



Office use only
Fees received:
Treasurer:

Date:
Database updated: