



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:

Digital imaging

Prints

Audio Visuals

Entrance fee: R100.00 Membership fee: R350.00

Signature: _____ Date: _____

PSSA Member: Yes No

Your membership fee should accompany this application and **HANDED IN AT THE NEXT CLUB MEETING to the treasurer.**



Office use only
Fees received:
Treasurer:

Date:
Database updated: