



CROSSTOWN CAMERA CLUB

Membership Form

Date:

Competition Number (to be filled in by Membership): _____

Name:

Address:

City/State:

Zip:

Phone:

Email Address:

Check here if you **DO NOT** want your address and phone number printed in the CCC Yearbook.

Check here if you **DO NOT** want your images displayed in the CCC Newsletter or Website.

To join the Crosstown Camera Club, please fill out this form, print it out and either:

- Bring your application and a check (see below) for membership dues to our next member meeting.

Or

- Mail your application along with a check (see below) for membership dues to:

Crosstown Camera Club
c/o Kathy Hara
7783 Kingsview Lane North
Maple Grove, MN 55311

Make checks payable to: Crosstown Camera Club

Single: \$30 per year

Household: \$40 per year

Partial year membership (March 1st-June 31st): \$14