## Camera Naturalist Photo Club APPLICATION FOR MEMBERSHIP

Name:								
Address:	Street							
	PO Box/Apt							
	City							
	State		Zip					
Phone:	Home							
	Cell							
Email: (required)								
Website: (optional)								
Annual Membership Dues:								
Students:	\$25	Single Adults	\$50	Household	\$70			
Household includes family members or residents at one physical address. Please add names and contact information to this form for additional household members.								
Please make check payable to Camera Naturalist Club and bring to a meeting or mail along with the membership form to:								
	Rd 7836. ayPal li	nk to pay on-lii ce fee added fo			to <u>camnats</u>	treasurer@;	gmail.com. Note	
	-	membership is nail address to	-		-	itions. Each	h family member	
Additional hou	ısehold	members (mus	t reside	at the same a	ldress)			
Name:					Email			
Name:					Email			
Name:	Name:					Email		