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MEMBERSHIP APPLICATION FORM

I/We would like to become a member/s of the Creative Shots Photo Club Inc. and have the opportunity to participate in its activities.

1. Title [Dr/Mr/Mrs/Ms/Miss] (circle as applicable)

NAME:.....

ADDRESS:.....

.....POST CODE:.....

PHONE:.....MOBILE.....

DATE OF BIRTH:.....OCCUPATION.....

EMAIL.....

(Second applicant must reside at the same address)

2. Title [Dr/Mr/Mrs/Ms/Miss] (circle as applicable)

NAME:.....

DATE OF BIRTH:.....OCCUPATION.....

*Membership Fee Single .. \$25.00 per annum
Family .. \$40.00 per annum (2 adults at the same address)
Junior .. \$25.00per annum

If joined Jan to May .. full year is payable.
If joining Jun to Dec .. half year is payable

Renewal fees due on the 1st January every year

Joining date:..... FULL or HALF YEAR

TOTAL FEES enclosed \$.....

Membership #..... Receipt #..... I/we enclose cash/ cheque/money order
payable to Creative Shots Photo Club Inc for the total shown above.

Or DIRECT DEPOSIT TO: BSB: 124387 ACCOUNT NUMBER: 20755646 – please use you name as
a reference id.

I/we agree to abide by the Club’s Rules and the Code of Ethics.

..... [applicants signature]
[applicants signature]

INTRODUCED BY:.....SECONDED.....