

The Camera Club of Cincinnati

7045 Vine Street
Cincinnati, Ohio 45216-2031
www.ccofc.net (513) 761-4628

Application for Membership

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-Mail Address: _____

Employer: _____ Position: _____ How Long? _____

Business Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____

Recommended By: _____

References:

Name _____ Address _____

City: _____ State: _____ Zip: _____

Name _____ Address _____

City: _____ State: _____ Zip: _____

Type of camera(s) and other photographic equipment? _____

What are your interests in the Camera Club? _____

If elected to membership, I promise to abide by the constitution, bylaws, and existing rules and regulations of The Camera Club of Cincinnati:

Date: _____ Signature: _____

Visits: 1st _____ 2nd _____ 3rd _____

Treasurer _____ Voted In: _____