

Jackson Photographic Society

Membership Application

Please fill out the following information completely. Completed applications, with membership dues, may be submitted in person to one of our officers during one of our meetings. Please print.

New Member **Renewal**

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Occupation: _____

Former Camera Club Affiliation: _____

Equipment Owned: _____

I am a Member of PSA (Photographic Society of America) I am interested in PSA

Type of Membership Desired: Single \$20

What is your photographic experience? None Novice Advanced

What are your photographic interests? *(Check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Point and Shoot | <input type="checkbox"/> Digital Photography |
| <input type="checkbox"/> Travel Photography | <input type="checkbox"/> Macro Photography |
| <input type="checkbox"/> Nature and Landscape | <input type="checkbox"/> Photographic Fine Art |
| <input type="checkbox"/> People/Portraits | <input type="checkbox"/> Dark Room Techniques |
| <input type="checkbox"/> Pictorial | <input type="checkbox"/> Other: _____ |

In what areas would you like to learn more? *(Check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Point and Shoot | <input type="checkbox"/> Digital Photography |
| <input type="checkbox"/> Travel Photography | <input type="checkbox"/> Macro Photography |
| <input type="checkbox"/> Nature and Landscape | <input type="checkbox"/> Photographic Fine Art |
| <input type="checkbox"/> People/Portraits | <input type="checkbox"/> Dark Room Techniques |
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