

St. Johns Camera Club
Application for Membership

- Cash
- Check
- Honorary

Name: _____ Date: _____

Spouse's name if also joining: _____

Make checks payable to SJCC
Circle ALL dues being paid:



Month Membership Begins

Returning Members		First Time Members			Month Membership Begins		
					Sep, Oct, Nov	Jan, Feb	Mar, Apr, May
Individual	\$25	Individual	\$25	\$16	\$10		
Spouse of Current Member	\$15	Spouse of Current Member	\$15	\$10	\$6		
Student 25 or younger w/ID	\$20	Student 25 or younger w/ID	\$20	\$13	\$8		

First Time Members: complete the following.

Returning members: complete only what has changed since your last membership.

Address: _____

City: _____ State: _____ Zip: _____

Tel #: _____ Email: _____

Spouse Tel #: _____ Spouse Email: _____