



MEMBERSHIP FORM

North Fylde Photographic Society is a club that is open to everyone who accepts the Club rules.

We meet in the Cleveleys United Reformed Church Hall, Rossall Road, Cleveleys (opposite West Drive tram stop) on Tuesday evenings at 7.30 pm from the first Tuesday in September until the last Tuesday in April. We also host an open evening there on the last Tuesday in August so that anyone who may be interested to join us can first have a chat about who we are and what we do. Have a look at our website for details of the season's programme of events (www.northfylde-ps.co.uk).

If you decide to join us, we will ask for personal details such as your name, address and contact details to aid the effective running of the club and to enable communications relating to club activities. We also ask for some basic information about your photographic skills. This will help us to understand your needs better whether you are a complete beginner or an experienced photographer.

Simply bring this completed application form along to your first meeting, for the attention of the Membership Secretary.

Still Undecided? Then come along and join us for a week or two for a contribution of £2 per visit – you'll receive a warm welcome and refreshments thrown in!

2018-2019 Season Membership

New Members Open Evening	28th August
First meeting	4th September
Last Meeting	30th April

Annual Membership Fee ^(Note 1)

Adults	£35.00
Juniors ^(Notes 2 & 3)	£6.00

^(Note 1) anyone joining after 1st January will pay half fees

^(Note 2) 'Junior' denotes under 18s and students in full time education

^(Note 3) Junior members (and any visitors aged under 18) must be accompanied at all meetings by a parent, guardian or an adult with the specific written agreement of the parent or guardian.

Weekly Subscription

Payable at each meeting attended; £1 per member, £2 for visiting non-members;

Annual Membership Fee Methods of Payment:

1. **BACS transfer** to the Club account, held with the Royal Bank of Scotland

Account Name: North Fylde Photographic Society
Sort Code: 16 16 29
Account Number: 10199943

It is important that you quote your surname in the reference field when you create the payment

2. Cheque made payable to "**North Fylde Photographic Society**".
3. The Membership Secretary politely requests that payments in cash are made only as a last resort; if this is your only option, please ensure that the cash is counted and recorded in your presence.

MEMBERSHIP SECRETARY

BARBARA CLAYTON

Email: barbaraclayton@sky.com

Phone: 01253 933884



MEMBERSHIP FORM

Please return this form to the Membership Secretary

[* Denotes Mandatory information]

Existing Members should complete 'Name', plus any changed information only, and then sign and date page 4.

NAME*:

Title Mr / Mrs / Miss / Ms / other _____

First Name* _____ Last Name* _____

ADDRESS *:

Number / Street* _____

Town/Village* _____ Post Code* _____

E.MAIL: _____

PHONE: _____ **MOBILE:** _____

DATE OF BIRTH (if under 18)*: _____

PHOTOGRAPHIC EXPERIENCE:

How do you rate your skills on a scale of 1 to 5 where "1" is beginner and "5" proficient?

If you have, or are studying towards, any photographic qualifications, eg., A Level, C&G, HNC/D, Degree or similar, please add these.

Do you belong, or have you previously belonged, to any other camera clubs?*

Yes / No

If Yes, which club(s)? _____

How did you hear of us? _____

I wish to apply for membership and agree to abide by the Club's constitution and rules.

- I consent to the Club's retention and usage of my personal data in line with its data protection Privacy Notice
- I agree / do not agree [*delete as appropriate*] to my images/prints being used on the club website and in external competitions
- I want / do not want [*delete as appropriate*] to receive marketing material from the Club
- I note that the Club's default communication medium is email and that should I not provide a current email address I may not receive some communications.

- Based on the information provided on page 2, my Annual Membership Fee is

£35 / £6 / Half Fee (*delete as appropriate*)

I have chosen to pay the above amount by:

BACS transfer / Cheque / Cash Payment (*delete as appropriate*)

Signed **Dated**

NOTE: For applicants below 13 years of age, the signature must be that of the child's parent/guardian.