



Photochrome Membership Application

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Email _____

Yes, I want to receive emails from the Club about events and news items. We will not share your email address with any other party.

Photographic Experience:

What do you want from membership in the club?

How did you hear about the Club?

Are you interested in serving on a committee or in another volunteer capacity?

Membership with full membership privileges including exhibiting work- (\$45) After September 1, dues are \$25.

I would like my Color News delivered by (Circle One) Email USPS

Bring this form to a meeting or Mail your application and dues to:

Photochrome Club of San Francisco

PO Box 27265

San Francisco, CA 94127