

"SOUND EXPOSURE PHOTO CLUB"

MEMBERSHIP APPLICATION

PLEASE PRINT ALL INFORMATION

NAME:

_____ *FIRST* _____ *LAST*

SPOUSE:

_____ *FIRST* _____ *LAST*

ADDRESS:

CITY:

ZIP:

PHONE:

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Email:

Years of photographing:		Canon	Contax	Konica	Leica	Mamiya	Minolta	Nikon	Olympus	Pentax
Date:	Type of film:	Slide	Print	35mm	Med. Format	4x5	5x7	8x10	DIGITAL	

Membership Dues are from Jan. – Dec. of each year

Single = \$20.00

Family = \$25.00

Please make your check payable to **Sound Exposure** and mail it to:

Doug Sala
10601 – 90th Ave. SW
Lakewood, WA 98498