Pagosa Springs Photography Club Membership Application

Name:	
(If family, inc	clude all first names)
Address:	
City:	
State:	Zip:
Phone: Co	ell Phone:
E-Mail:	
Date:	
How did you hear about us? (Check all that apply) □ Renewing Member □ Newspaper □ Web □ Facebook □ Friend □ Other	
	r year for Individuals; \$35 for Families
Date dues paid:	Amount Paid:
Cash:	or Check #:
Received by:	
Dues may be paid at a Photograp	hy Club meeting, or mail to:
Pagosa Springs Photo Club Susanne Russell 135 Country Center Drive, Suite E Pagosa Springs, CO 81147	<u>=</u>