

Pagosa Springs Photography Club Membership Application

Name: _____
(If family, include all first names)

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Cell Phone: _____

E-Mail: _____

Date: _____

How did you hear about us? (Check all that apply)

- ☐ Renewing Member ☐ Newspaper ☐ Web ☐ Facebook
☐ Friend ☐ Other _____

Club Dues for 2025 are \$25/calendar year for Individuals; \$35 for Families

Date dues paid: _____ Amount Paid: _____

Cash: _____ or Check #: _____

Received by: _____

If paying by check, please make payable to Susanne Russell. Dues may be paid at a Photography Club meeting, or mail to:

Pagosa Springs Photo Club
% Susanne Russell
84 Chipper Court
Pagosa Springs, CO 81147