

New Member

Renewal

Dues are \$25.00 year

Cobb Photographic Society

P. O. Box 267 • Smyrna, Georgia 30081

Membership Application

Name _____ Spouse _____

Address _____

City _____ State _____ Zip _____ +4 _____

Home Phone _____ Business or Cell Phone _____

Employer _____ Occupation _____

Birthday MM/DD _____ E-mail: _____ @ _____

Do you want to be notified of club activities by email? Yes No

Would you like us to feature a link to your website on the club site? Yes No

URL: _____

If you have an interest in serving on one of our committees, check it below:

- Welcome Website Photo Exhibits Seminars/Workshops Monthly Programs
- Field Trips Competitions Special Events Officers Refreshments
- Other _____

Photographic Interests:

Are you a member of other photography organizations? If so , which? _____

What are your expectations from this club? _____

Tell us about yourself _____

Your photographic experience: Novice Advanced Career Professional Fine Art Student

Film Digital Large Format Other _____

Release and Waiver of Liability

As a condition of membership with the Cobb Photographic Society, I agree to release from liability and to hold harmless CPS and its officers, agents or members for any injury, including illness, accident, emergency and death, and for loss or damage of personal property, including photo equipment or accessories, while participating in any activities affiliated with CPS.

Signature _____ Date _____

Referred by _____

Application Date _____ Dues Received Date _____ Received by _____

You may mail a check to the address above, or you may pay online at www.cobbphotosociety.com.