

Linn Area Photo Club (LAPC)
Member Information—Please write or print legibly.

Name _____ Today's Date _____

Best Contact # _____ / _____ / _____ Other # _____ / _____ / _____

Address _____ City _____ Zip _____

*Email address _____

Contact person in case of emergency _____ Contact # _____ / _____ / _____

Camera Make: _____

Type of Photography you do. Circle all that apply:

Sports/Action, Landscape, Nature, People/Portraits, Architecture, Macro/Close-up, B&W, Animals, Panorama,

Commercial, Other(explain) _____

What photographic skills do you want to improve? _____

Photographic Goals: _____

What camera equipment do you want to learn more about? _____

*To facilitate communication between members, we will maintain a directory of LAPC members which includes names/emails only. If you do not want your email address included in this directory, please sign and date here.

Name _____ Date: _____

* Information on this card will be made available to leadership of the LAPC for use in programming and membership tracking.