

**CLEVELAND PHOTOGRAPHIC SOCIETY  
APPLICATION FOR MEMBERSHIP**

I am applying for membership in the Cleveland Photographic Society. I agree to abide by the Society's Constitution, By-laws and all regulations(See [www.clevelandphoto.org](http://www.clevelandphoto.org)).

- Application will be acknowledged by email.
- Please feel free to begin attending our meetings immediately.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail (Please print clearly) \_\_\_\_\_

Reason for joining \_\_\_\_\_

Referred to Cleveland Photographic Society by \_\_\_\_\_

PLEASE NOTE: Your Name, Email address, City and Zip Code will be published in a Membership Roster distributed to Club Members ONLY. If you do NOT wish your email address listed, please check here: \_\_\_\_\_

I have the following skills and/or experience that I would be willing to share with CPS:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Computers                    | <input type="checkbox"/> Websites          | <input type="checkbox"/> Word processing |
| <input type="checkbox"/> PhotoShop                    | <input type="checkbox"/> Public Speaking   | <input type="checkbox"/> Teaching        |
| <input type="checkbox"/> Leadership                   | <input type="checkbox"/> Hospitality       | <input type="checkbox"/> Financial       |
| <input type="checkbox"/> Event planning               | <input type="checkbox"/> Telephone calling | <input type="checkbox"/> Publicity       |
| <input type="checkbox"/> Marketing                    | <input type="checkbox"/> Graphic Design    | <input type="checkbox"/> Writing         |
| <input type="checkbox"/> Other, please describe _____ |  |  |

One year's dues ( select one ):

- |   |          |
|---|----------|
| <input type="checkbox"/> Single membership \$54.00/yr                       | \$ _____ |
| <input type="checkbox"/> Couple membership \$81.00/yr                       | \$ _____ |
| <input type="checkbox"/> Junior Member ( under 18 ) \$36.00/yr              | \$ _____ |
| <input type="checkbox"/> Distance Member ( over 100 miles away ) \$36.00/yr | \$ _____ |
| <input type="checkbox"/> Family ( couple + 1 or more children ) \$117.00/yr | \$ _____ |
| Total:  | \$ _____ |

Please mail this application with a check made out to the  
Cleveland Photographic Society to: **Cleveland Photographic Society**  
**P. O. Box 470303**  
**Broadview Heights OH 44147**