

St Johns Camera Club Member Registration

Name: _____ Date: _____

Spouse's name if also joining: _____

Make checks payable to SJCC
Circle dues being paid:

Returning Members:

Individual	\$25
Spouse of Current Member	\$15
Student 25 or younger with ID	\$20

First-Time Members

Month Membership Begins

	Sept, Oct, Nov	Jan, Feb	Mar, Apr, May
Individual	\$25	\$16	\$10
Spouse of Current Member	\$15	\$10	\$6
Student 25 or younger with ID	\$20	\$13	\$8

First-Time Members: Complete the following.

Returning Members: Complete only that which has changed

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (cell or home) _____

Email: _____

Spouse phone: _____

Spouse email: _____

If mailing, send to: Debbie Foote, 3858 W French Rd, St Johns, MI 48879