



New England Shutterbugs
2024 – 2025
Membership Application

(Please Print Clearly)

Name: _____

Address: _____

City/State/ZIP: _____

Home Phone: _____

Cell Phone: _____

Annual Membership Fee: \$45.00 for Individual (\$25.00 after January 1st)

 \$60.00 for Family (\$40.00 after January 1st)

Payment Method: CASH [] CHECK []

Please Make Check Payment To: **Donna Miller**

Mailing Address

Donna Miller

65 Fire Road #7

Lancaster, MA 01523

Experience Level: Class B - Beginners [] Class A – Intermediate [] Masters – Advanced []

Camera(s) You Use: Canon [] Fuji [] Nikon [] Olympus [] Pentax [] Sony [] Other []

Software Used To Process Images: Corel [] Elements [] Photoshop [] Picasa [] Other []

Favorite Things You Like To Photograph: _____

Note: When there is a need to cancel a meeting due to inclement weather members will be informed via E-mail. If you don't have E-mail and prefer to be notified by another means please add your contact data below.

Please Be Specific:: _____

I have read and agree to abide by the Constitution and Bylaws of the New England Shutterbugs

Signed by: _____ Date: _____

Received by: _____ Date: _____