



New England Shutterbugs
2026 – 2027
Membership Application

(Please Print Clearly)

Name: _____

Address: _____

City/State/ZIP: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Annual Membership Fee: \$50.00 for Individual (\$30.00 after January 1st)

 \$70.00 for Family (\$50.00 after January 1st)

 \$25.00 for Student

Payment Method: CASH [☐] CHECK [☐]

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

Mailing Address

Donna Miller

15 Brooks Pond Road – Apt. 217

Leominster, MA 01453

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: _____