

**Photography Club of Greater Cincinnati
(PCGC)
Membership Form**

Date: _____

Name: _____

Email: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Please check all areas of photographic interest:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Landscapes |
| <input type="checkbox"/> Macro | <input type="checkbox"/> Nature/Wildlife |
| <input type="checkbox"/> Portraits | <input type="checkbox"/> Street Photography |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Urban Landscapes |
| <input type="checkbox"/> Other _____ | |

What would you like to get from your membership in our club?

Do you have any areas of photographic expertise that you would be willing to share with the club?

Club use only:

Paid: Cash Check # _____