

Camera Club of Brevard Member Information

Single or *Family* or *Student*

Please print requested information

Date: ____/____/____

First Name: _____ Last Name: _____

Phone Numbers

(Home): (____) ____ - ____ (Work): (____) ____ - ____ (Cell) (____): ____ - ____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Please answer the following:

Preferred film: Color Negatives Color Slides Black & White/Infrared Other _____

Preferred format: 35 mm Medium Large Digital Other _____

Favorite Photos: Wildlife/Nature Landscape Still Life Architecture Macro Micro
 Industry/Engineering Night photography Sports Glamour Portraits Special Effects
 Photo Journalism 3-D Fisheye Panorama Computer Modified Vacation Wedding
 Medical Scientific High Speed Other: _____

I/we would like to be contacted by other members with similar interests.

Best time is: Morning, Afternoon, Evening Other: _____

By: Phone Home Business Cell Email

I/we am/are interested in learning more about: Basic Camera Use Advanced Camera Use
 Macro/Micro Digital Photography Computer Modification of Photos New Equipment
 Lighting Composition Darkroom Techniques Special Effects Marketing Photographs
 All of the Above Other: _____

How often do you take photographs?

I/we always carry a camera with me/us I/we only take photographs on special occasions or vacations I/we plan special trips with photography in mind I/we are just starting in photography. I/we are interested in working as a photographer with other club members.

- Are you interested in having your photos critique? Yes No
- Would you like to post your photos on the Internet? Yes No
- Are you interested in meeting in small groups about specific topics you are interested in? Yes No

Where did you hear about the club? _____

Comments: _____

**Camera Club of
Brevard Mailing Address:**

Camera Club of Brevard
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For Additional Information Please Contact:

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