

PHOTO FREDERICTON MEMBERSHIP FORM

Name: _____

Email address: _____

Phone Number: _____

Check one:

I consent to my contact information being shared with other club members.

I do not consent to my contact information being shared with other club members.

Membership Fees

Check one: Full time student \$20

Single \$35

Family \$45

Please submit this form with payment (cash or ***cheque made out to Photo Fredericton Inc***) to the Treasurer, in person, or by mail at the following address:

Peter MacLean, Treasurer, Photo Fredericton, 248 Springwater Lane, New Maryland, NB, E3C 1J5.