



Camera Club of Brevard Membership Application

WELCOME!

Date: _____ / _____ / _____

Membership Annual Dues: ___Single – \$45 ___Family - \$55

If joining in November or December, your annual dues will include the following year.

Primary Member: (Please print clearly)

First Name: _____ Last Name: _____

Preferred Contact Number) (_____) _____ - _____

Email: _____

Family Members:

Name: _____

Email: _____

Name: _____

Email: _____

Name: _____

Email: _____

Amount Paid: \$ _____ PayPal _____ or Check # _____

You may join one of three ways:

- 1 - Print this form, fill it out and bring it with your check to the next meeting
- 2 - Fill out this form and email it to info@ccbrevard.com and pay with the PayPal link on the Join Us page
- 3 - Print this form, fill out and mail with your check to:

Camera Club of Brevard
P. O. Box 542
Melbourne, FL 32902

For additional information or help, please contact: info@ccbrevard.com

How did you hear about the club? _____

Please let us know what you would like to help with:

Membership Field trips Competitions Communications
 Public Relations Annual dinner Planning Newsletter
 Website Board position Program development Education

Please contact us if you are not receiving our communications.

The information you provided is confidential and will only be used by officials of the Camera Club of Brevard.