

Foothills Photography Group Membership Application



NAME/s			DATE			
	DDRESS					
CITYHOME PHONE			STATE		ZIP	
			CELL PHONE			
EM	IAIL ADDRESS					
	Please print clearly	. (The email add	ress is for your newsletters an	d all gr	oup notifications)	
Ref Ani * A	e you interested in becomin ferred to join Foothills Phot nual Dues: \$40 (Adult) \$50 All Family members MUST ult D Family D Stude	ography Grou Family* \$10 (be in the same	ip by Student/Youth - minimur household.	n age t	chirteen (13) years old)	
	AKE CHECK PAYABLE T					
			For more information	n: Jol	nn Martin	
P.O. Box 1872			706-499-0956			
Clarkesville, GA 30523				jmartin@hemc.net		
act Sig	ims for personal injuried ivities. I agree with the gnature/s of Parent/s or reement:	ese terms.	-	-	•	
		Photo	graphic Interests			
	Architectural	□ Lands	cape Photography		Stock Photography	
	Astro/Low-Light/Night		/Micro Photography		Street Photography	
	Baby Portraits		Photography		Travel Photography	
	Event Photography		otography		Underwater Photography	
	Family Portraits	□ Photoj	journalism		Urban Exploration	
	Fashion Photography	□ Portra	it Photography		Wedding Photography	
	Fine Art Photography	□ Sports	Photography		Wildlife Photography	
	Food Photography	□ Still L	ife Photography			