



# Membership Application

## July-December 2021

RENEW MEMBER/S:

NEW MEMBERSHIP/S:

One Member	PLEASE PRINT CLEARLY	Two Members
Preferred title. Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>		Preferred title. Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>
First Name: <input type="text"/>		First Name: <input type="text"/>
Surname: <input type="text"/>		Surname: <input type="text"/>
Address <input type="text"/>		Address: <input type="text"/>
<input type="text"/>		<input type="text"/>
DOB: (Year optional) / /		DOB: (Year optional) / /
Phone No or		Phone No or
Mobile <input type="text"/>		Mobile <input type="text"/>
TICK to have news items emailed <input type="checkbox"/>		TICK to have news items emailed <input type="checkbox"/>
Email address: <input type="text"/>		Email address: <input type="text"/>

Camera Name

DSLR/Mirrorless  or Compact

**TYPE OF MEMBERSHIP** (please tick relevant box)

Single (6 months) \$45

Family of 2 (6 months) \$70

Social Member \$10

Signature

Date

**How to make payment:**

Email copy of form to [treasurer@cpsinc.org.au](mailto:treasurer@cpsinc.org.au)

**Direct Deposit:** Cairns Penny Bank **BSB:** 704966 **A/c Number:** 1000 02973

**PLEASE ensure your FULL NAME is included in Transaction Details & Email [treasurer@cpsinc.org.au](mailto:treasurer@cpsinc.org.au)**

OFFICE USE ONLY		
New Member: Nominated by: .....	Seconded by: .....	
Receipt No: .....	Amount Received:.....	Membership No:.....
Date: <input type="text"/>	Email List <input type="checkbox"/>	Name Badge <input type="checkbox"/> Welcome Letter <input type="checkbox"/>