



MEMBERSHIP FORM

Return the completed form to our postal or email address:

Post: Michael Barry, Annmount, Kinsale, Co Cork, P17 D234.

Email: thesecretary@corkcameragroup.net

Name of Applicant:			
Address:			
Email Address:		Mobile Number:	
Signature of Treasurer:			

What type(s) of photography are you interested in? *Please tick*

() Landscape () Portraiture () Nature () Seascape () Macro () Street () Architecture () Astro
() Other, please specify

Photographic qualifications: _____ Previous Camera Clubs: _____

Other info: _____

Data Protection

I consent to Cork Camera Group holding and sharing my personal contact data for the purpose of facilitating the club's operation and participation in internal and external club photographic events, outings, and including all competitions. This information may be shared internally and externally as needed. **(Please tick)**

Do you agree - Yes or No

The *Clubs Constitution* and *Data Protection Policy* is available on our website: www.corkcameragroup.net

I wish to apply for membership of Cork Camera Group. I agree to accept the membership approval decision of the Cork Camera Group committee. I agree to abide by the rules and regulations of Cork Camera Group, which may change from time to time. I agree to treat with respect at all times, whether in physical or virtual forums: my fellow members, speakers, competition judges, other visitors and photographic models.

Signed: _____ Date: _____

Payment

Subscriptions must be paid in full by **10th December**

Pay by cheque: Write cheque out to *Cork Camera Group*. Include the signed cheque with this application form, and post to the secretary's' address at the top of this form.

Pay by Bank transfer: Make a payment directly to our bank account using the details below:

Bank of Ireland, Douglas, Cork, Account Name: Cork Camera Group Account Number: 57029146

IBAN: IE47 BOFI 9027 0957 0291 46 BIC BOFIIIE2D Branch Code: 90-27-09

Pay by PayPal: ccgsubs@gmail.com

Payee reference message: You MUST include a REFERENCE with the payment.

To help us identify, **INSERT YOUR NAME AND YOUR CCG ID NUMBER.**

Office Use Only

Payment Record:

Date	Payment	Balance Due	Initialled
/ /2021		€125.00	