

## Return completed form by post or hand to Treasure at next Club meeting. Catherine O'Keeffe c/o Cork Camera group SMA Parish Community Centre, Wilton, Cork. T12 AX94

Name of Applicant:	
Address:	
Email Address:	Mobile Number:
Signature of Treasurer:	
Signature of freasurer.	Club No.: CCG
What type(s) of photograph	ny are you interested in? <u>Please tick</u>
( ) Landscape() Portraitur ( ) Other, please specify	e ( ) Nature ( ) Seascape ( Macro ( ) Street ( ) Architecture ( ) Astro
Photographic qualifications:	Previous Camera Clubs:
Other info:	
	We welcome new members (aged 18 and over)
Data Protection	
	peration and participation in internal and external club photographic events, ll competitions. This information may be shared internally and externally as
, ,	e - Yes or No   Data Protection Policy is available on our website: <a href="www.corkcameragroup.net">www.corkcameragroup.net</a>
of the Cork Camera Group o which may change from tim	chip of Cork Camera Group. I agree to accept the membership approval decision ommittee. I agree to abide by the rules and regulations of Cork Camera Group, e to time. I agree to treat with respect at all times, whether in physical or virtual s, speakers, competition judges, other visitors and photographic models.
Signed:	Date:
Payment	Subscriptions must be paid in full by 10 <sup>th</sup> December
• • •	heque out to Cork Camera Group. Include the signed cheque with this ost to the secretary's' address at the top of this form.
Pay by Bank transfer: N	Nake a payment directly to our bank account using the details below:
Bank of Ireland, Dougla	s, Cork, Account Name: Cork Camera Group Account Number: 57029146
IBAN: IE47 BOFI 9027 0	957 0291 46 BIC BOFIIE2D Branch Code: 90-27-09
Pay by PayPal: ccgsubs	@gmail.com
Payee referenc	e message: You MUST include a REFERENCE with the payment.

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