



Camera Club of New York/ICP Darkroom Membership Application

Tel: 212-260-9927

Web: www.cameraclubny.org, Email: info@cameraclubny.org

Membership Application

NAME (PLEASE PRINT CLEARLY) _____

ADDRESS _____ Apt. _____

CITY _____ STATE _____ ZIP _____

PHONE (Day) _____

PHONE (Eve) _____ CELL _____

E-MAIL ADDRESS _____

On a separate sheet of paper please include with your application:

- A list of the names, addresses, emails and phone numbers of two people not related to you, that we may contact as a reference.
• CV or resume.

I AM APPLYING FOR:

RESIDENT MEMBERSHIP ASSOCIATE MEMBERSHIP

I authorize the Admissions Committee to make any necessary inquiries regarding the above information. If elected to membership, I agree to accept fully the provisions of the Club's Constitution and By-Laws.

SIGNATURE: _____ DATE: _____

After your application is reviewed, an interview will be scheduled. You must bring examples of your work to the interview.

Please send application and support materials to:

Membership Committee
Camera Club of New York
c/o Cynthia Bittenfield
525 West End Ave. Apt 9F
New York, NY 10024
Tel: 212-260-9927
Web: www.cameraclubny.org
Email: membership@cameraclubny.org