# Sunshine Coast Camera Club – Membership Application Form

**Contact information:**

Surname: _____ Given Name: _____

Email address: _____ Phone Number: _____

In what community/neighbourhood on the Sunshine Coast do you live? _____

**Areas of interest & Equipment:**

| | | | |
|---|---|---|---|
| ☐ Portraits | ☐ Wildlife | ☐ Landscape | ☐ Creative/Abstract |
| ☐ Action/Sports | ☐ Events | ☐ Macro | ☐ Architecture |
| ☐ Pets/Animal | ☐ Street | ☐ Vehicles | ☐ Travel |
| ☐ Night | ☐ Video | ☐ Other _____ | |

Camera(s) make and model or Phone model: _____

Post-processing software (if any): _____

Platform used (windows, mac, other): _____

**Conditions of Membership:**

- Individual membership fee: Annual $50.00 / Half-year (if joining in/after January) $30.00
- Members are expected to assist with club duties such as regular setting up and restoring our meeting venue, including arranging tables and chairs, dish washing, clean-up, floor sweeping, etc. Please offer to help.

  ☐ Yes
  ☐ No  Do you accept these conditions?

- You grant the club permission to post any images which you submit for members' review or competitions to the club website, or Instagram or Facebook accounts. The club will credit the photographer for any images posted.

  ☐ Yes
  ☐ No  Do you accept this condition?

- Do you give the club permission to share only your name with London Drugs so that you may receive processing and equipment discounts:

  ☐ Yes
  ☐ No  If you answered "Yes," please type/print your name as it appears on official identification: _____

**Liability release:**

- By providing your email address, and signing or printing your name below, you are agreeing to the following statement of liability release; this is a requirement of membership in the club.

  *LIABILITY RELEASE: In consideration of being granted membership in Sunshine Coast Camera Club (SCCC), I hereby release the Sunshine Coast Camera Club, its officers and members from any claims or actions arising from any loss, injury or damage to myself or my property while participating in SCCC activities. I acknowledge there are inherent risks and hazards involved in SCCC activities and outings. I assume sole responsibility for all such risk and hazards.*

Signature (or print name): _____ Date: ____ / ____ / ____
(dd / mmm / year)