

**WEST COBB SHUTTERBUGS**  
**MEMBERSHIP APPLICATION FORM**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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\_\_\_\_\_

TELEPHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

CAMERA MAKE AND MODEL \_\_\_\_\_

PHOTOGRAPHIC INTERESTS \_\_\_\_\_

SIGNATURE \_\_\_\_\_