

WARREN PHOTOGRAPHIC SOCIETY

MEMBERSHIP APPLICATION

Please type or print clearly

| | | | |
|--|--|-------------------------------------|--|
| Date | | <input type="checkbox"/> New Member | <input type="checkbox"/> Renewal active member |
| Membership valid thru August 31 | | | |
| Name | | | |
| Address | | | |
| City | | State/Zip | |
| Home phone | | Work phone | |
| Cell phone | | E-mail | |
| ** Checks payable to the Warren Photographic Society | | | <input type="checkbox"/> Check <input type="checkbox"/> Cash |

Please complete the following – we need your help!!

I am interested in helping the club in the following area(s):

- Competition Night – recording competition entries, assisting the judges, presenting images for judging and comment, recording and averaging scores, secure judges, track member competition points, etc.
- Field Trips – plan, communicate and coordinate field trips, etc.
- Membership – record new members, assist with dues collections, welcome new members, etc.
- Programs - contact speakers, plan and coordinate workshops etc.
- Hospitality – provide setup, snacks and drinks for each meeting and assist in the preparation for the annual meeting, etc.
- Communications – prepare articles for the WPS newsletter or web site, prepare brochures and flyers, contact local TV, Radio and Newspapers regarding upcoming events, etc.

Please return this completed application and your check to the club treasurer. Be sure to get a receipt and your membership card. Application data will be used for WPS purposes only - we will not sell or solicit your personal information.

“I acknowledge I have received a copy of current club year rules”

Signature _____

Meetings:

The Warren Photographic Society meets the 2nd and 4th Thursday of each month (Sept. – Aug.) from 7:00 pm
TRUMBULL CAREER & TECHNICAL CENTER,
528 EDUCATIONAL HIGHWAY, WARREN, OH 44483

For WPS use only

MEMBERSHIP PROFILE

Please fill out the following information and return at your earliest convenience. This information will help us in program planning and give us general information as to the desires of the membership in the Warren Photographic Society. Thanks for your cooperation.

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|---|-------------|----------------------------------|-----------------|---|--|
| Date of Application | | | | | |
| Name | | | | | |
| Address | | | | | |
| City/State | | | | | |
| Phone | | | | | |
| E-mail address | | | | | |
| What are your particular areas of interest in photography? | | | | | |
| Nature | Portraiture | Sports | Photojournalism | Fine Art | Other (please specify): |
| Weddings | Macro | | | | |
| How would you describe your level of expertise? | | | | | |
| <input type="checkbox"/> Beginner | | <input type="checkbox"/> Amateur | | <input type="checkbox"/> Advanced Amateur | |
| <input type="checkbox"/> Professional | | | | | |
| What type of equipment do you use? | | | | | |
| <input type="checkbox"/> Point and Shoot | | <input type="checkbox"/> Digital | | <input type="checkbox"/> Film | |
| Make/Model: | | | | | |
| <input type="checkbox"/> SLR | | <input type="checkbox"/> Digital | | <input type="checkbox"/> Film | |
| Make/Model: | | | | | |
| <input type="checkbox"/> Medium Format | | <input type="checkbox"/> Digital | | <input type="checkbox"/> Film | |
| Make/Model: | | | | | |
| <input type="checkbox"/> Panoramic or <input type="checkbox"/> Other | | | Make/Model: | | |
| What is your background in photography? | | | | | |
| | | | | | |
| Have you won any awards for photography? If yes, please give details: | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | | | |
| Have your photographs ever been published? If yes, please give details: | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | | | |
| Have you been a member of another camera club? If yes, give club name: | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | | | |
| If yes, were you an officer or did you serve on any committees? Please give details: | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
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| What are your expectations of the WARREN PHOTOGRAPHIC SOCIETY? | | | | | |
| | | | | | |
| What do you feel you can contribute to the WARREN PHOTOGRAPHIC SOCIETY? | | | | | |
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| Do you have any suggestions for programs? (Content or Speakers). If yes, please let us know. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | |
| Would you be interested in presenting a program to the WARREN PHOTOGRAPHIC SOCIETY? If yes, please specify the subject(s) you might be able to cover: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | |
| Would you be interested in mentoring other members of the club in your area(s) of expertise and interest? What area(s) would these be? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | |
| Would you be interested in being mentored by another club member in an area where you feel you need help? What area(s) would these be? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | |
| Do you have an area of business expertise that will be of benefit to the WARREN PHOTOGRAPHIC SOCIETY? If yes, how might you be able to contribute your expertise? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | |
| Would you be interested in taking organized field trips with the WARREN PHOTOGRAPHIC SOCIETY? If yes, what kind of places would you like to go on a field trip? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | |
| What day(s) would be best for you? | Weekdays <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays <input type="checkbox"/> |
| Do you want the club to offer travel/photo trips? (National Parks/ Western USA, etc.). If yes, what kind of places would you like to go? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | |
| Do you have any additional thoughts or comments on what would make WARREN PHOTOGRAPHIC SOCIETY more attractive to you? If yes, please let us know: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
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