



Berks Photographic Society

New Membership Application

Member Name(s):* _____

Address:* _____

City:* _____

State:* _____ Zip Code:* _____

Phone Number: () _____ - _____

Email Address:* _____

Occupation _____

How did you find us?

Camera Type (*Brand & Type of camera(s) used*)

Comments _____

Membership Dues

Individual: \$50 per year

Couples: \$75 per year

Student: \$25 per year

Donations (optional)

Donation Amount (Dollars): _____

You may also donate to the Berks Photographic Society, any amount above \$5. Your donation is fully tax deductible. The Berks Photographic Society is a 501(c)(3) Non-Profit Organization.

Total amount: (Dues + Optional Donation): \$ _____

Bring your membership application and payment to the next meeting, or mail to:

**The Berks Photographic Society
Attn: Membership Chair
Suite 326
201 Washington St.
Reading, PA 19601**

Please note this form is only for **new** members. Existing members will receive renewal instructions. Fields marked with * are required.