



**The
Photographers
Guild**

Broadening the
Art of Photography
in Our Community

MEMBERSHIP ENROLLMENT FORM

Applicant name: _____

Street Address 1: _____

City, State, Zip: _____

Phone number (home): _____

Phone number (cell): _____

Phone number (work): _____

Primary email address: _____

Secondary email address (optional): _____

Occupation/place of employment (optional): _____

Are you a ___ beginner, ___ intermediate, ___ accomplished hobbyist, or ___ professional?

What are your photographic interests and talents? _____

If possible, give an estimate of how much you will use the Guild facilities: _____

By signing this enrollment form, I attest that I have read and understand the Membership, Dues, and Facility Use Policies and agree to adhere to the policies stated therein. I understand membership is not guaranteed and can be refused at application or revoked in the future due to not being in good standing of The Photographers Guild's policies.

Signature: _____ Date: _____

Instructions: Submit your completed enrollment form to The Photographers Guild at info@PhotoGuild.org, or mail a hardcopy to the Membership Director's attention at **The Photographers Guild 212 W. Washington Street, Suite 14, Elkhart, IN 46526**. Once we receive it, we will contact you regarding your interest in joining.