

# Mid Somerset Camera Club Membership Application Form



Please print below in CAPITALS

Name \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Would you describe your skill level in photography as: (please tick relevant box)

Beginner                       Intermediate                       Experienced                       Professional

**Beginner:** You will have recently taken up photography as a hobby. You are probably still unfamiliar with the basics of photography or the equipment. Chances are you won't do much editing of photographs.

**Intermediate:** You will have some knowledge of the basics of photography and your equipment. You will be familiar with terms like: exposure, shutter speed, aperture, composition and depth of field. You will edit your pictures to some degree.

**Experienced:** you will have a good understanding of all the above and regularly use it to produce photographs. You will have good familiarity with the editing software you use. You will print your own images.

Camera manufacturer: \_\_\_\_\_

Camera type     DSLR                       Bridge                       Mirrorless                       Compact                       Smart phone                       None

Areas of photographic interest: (please tick all relevant boxes)

wildlife / pets                       monochrome                       still life  
 flowers                       portraiture                       travel / night photography  
 landscape / seascape                       sport / action                       macro

others (please list) \_\_\_\_\_

Post camera editing – do you use or are interested in: (please tick all relevant boxes)

Photoshop                       Photoshop Elements                       Lightroom  
 creative techniques                       photo montage                       HDR

others (please list) \_\_\_\_\_

Are you working towards, or interested in, a RPS / PAGB photographic distinction?     Yes                       No

In the event of an emergency please provide the following contact information (if different from above)

Name: \_\_\_\_\_ Tel no.: \_\_\_\_\_ Relationship: \_\_\_\_\_

I confirm that I have read the club's constitution (available on our website or requested paper copy) and will abide by the rules stated and by any decisions made by the elected committee.

Membership required:                       Full                       Family                       Senior                       Student

Signed \_\_\_\_\_ Date \_\_\_\_\_ Membership no. \_\_\_\_\_

If a member is under 18 years of age, their parent/guardian must countersign here: \_\_\_\_\_

How did you hear about the MSCC?     Member referral     MSCC website     Local newspaper     Facebook     Club event  
 Other (please state) \_\_\_\_\_

This information will be held by the membership secretary and only used for programme purposes by Mid Somerset Camera Club [MSCC]. You may wish to add your email address to our published membership contact list by ticking below. You may withdraw this consent by contacting the club secretary.

I wish to opt in to the MSCC membership list and consent to my email address being shared with other members?     Yes                       No