

Affiliated to the Federation of Camera Clubs (NSW) Inc.

Membership Application for 2023

| Name: | | | |
|--|---------------------------------|-------------------|-------------------------|
| Address: | | | |
| | Post Cod | e: | |
| Ph Home: | Mobile: | | |
| Email: | | | |
| • | Please indicate if cash or | Direct Debt. | |
| For direct debit please deposit in | to the following account: | | |
| Hornsby Heights Camera Club | Inc. | | |
| BSB: 062 013 | | | |
| AC: 0090 2723 | | | |
| (Please quote your name in des | scription) | | |
| Please complete the followin | g section and return the form | to Elaine Hollid | lay, |
| <u>secretaryhornsbyheightscam</u> | eraclub@outlook.com | | • |
| I hereby apply for membershi | p of Hornsby Heights Camera (| Club. In the even | nt of my admission as a |
| | by the rules of Hornsby Heights | | , |
| Signature of Applicant | | Date | |
| Previous or Present camera clu | ıb membership | | |
| Acceptance of membership by | committee; | | _ (Signature required) |
| I consider myself to be a Begin | nner/Intermediate/Advanced Can | nera: | |
| I do not want my details to be | made public (please tick box) | | |
| I have access to the internet Y | ES / NO | | |

Disclaimer

By signing this form, you are taking full responsibility for your own safety and wellbeing and that of any dependents under your care that attend any Meeting, Event and/or Activity. By signing this form you agree that no liability whatsoever shall attach to the Hornsby Heights Camera Club Inc., ("HHCC Inc."), the HHCC Inc. Office Bearers, or Event Coordinators, in respect of any injury, loss or damage (either personal or your property) suffered by you and/or any dependents, during, and/or a result of, the Event/Activity. All participation in the Event/Activity is voluntary.