

BERKS PHOTOGRAPHIC SOCIETY

MEMBERSHIP APPLICATION

Date: _____

Name: _____ Date of Birth: _____

Address: _____

City, State and Zip: _____

Occupation: _____

Employer: _____

Camera(s) Used: _____

Proposed by: _____

Telephone: _____ Cell Phone: _____

Email Address: _____

Mail or bring your membership application and payment to:

The Berks Photographic Society
Attn: Membership Chair
40 North Noble Street
Reading, PA 19611