

Focus Group Camera Club Membership Application

Applicant Name: _____ Date: _____

Street Address: _____

City, State, Zip Code: _____

Spouse/Partner Name: _____ (or N/A): _____

Telephone(s)

(Please check preferred phone if more than one number)

___ Cell: _____

___ Land Line: _____

___ Work/Other: _____

As part of the Membership process, all applicants are asked to attend, experience, and learn about FGCC before applying.

Have you attended a minimum of 3 FGCC Monthly Program Meetings?

___ yes

Email: _____ Fax: _____

Photography Marketing (if applicable - not required for Membership):

Website: _____ FB Page: _____

Flickr: _____ Other: _____

Have You Exhibited Your Work? If so, list some of your venues.

*If not yet, do you have work that is **Exhibit Ready**? ___ yes ___ not sure*

How long have you been photographing? _____

What are examples of courses, workshops, reading, etc. you have done (or do) to help you continue to grow as a photographer? Are you active in any other photography group?

**FGCC is committed to a non-competitive, learning culture
in which we can grow and learn from each other.**

As a Photographer, what are your:

Strengths?

**Skill area(s) which need more training
or experience before becoming a strength?**

Service and Membership:

In our small club, members are strongly encouraged to participate and serve in some capacity. Can you:

Attend the majority of monthly Program Meetings (Sept - June)? yes not sure

Present your work in exhibits, programs, Roundtables? yes not sure

Do some volunteer tasks for the club? yes not sure

Equipment (All equipment welcome):

Camera(s) Used Most Often: _____

Favorite Lens: _____

Additional Equipment (ex: drone, underwater gear, etc.): _____

Check if you are highly skilled in any of these areas:

(Not Required for Membership)

Photo Editing Excel Spreadsheet Marketing Printing

Website Design and/or Maintenance Event and/or Field Trip Coordination

IT/Computers/Projectors Other _____

**After completing and signing your application form, please email to info@focusgroupcc.com
(Use "**Membership Application**" in subject line so it will be sent to Membership Committee)
or, give form to Membership Chair at a Monthly Program Meeting.**

Applicant Signature: _____