



Membership Application/Renewal Form

Title Surname Given Name Date of Birth
_____/_____/____

Address: _____
_____ Post code: _____

Telephone# Home _____ Mobile _____

Email: _____

Emergency contact: Name _____ Phone No. _____

Signature of Applicant: _____ Date: _____

Annual Membership Fee \$25.00

Note: Payment can be made in cash or by direct debit

Direct Debit Details:

Bank: Westpac BSB: 032-728 Account#: 215369

Photo Release Form

The Snowy Mountains Photographic Club (SMPC) has my permission to use photographs/images provided by me to the SMPC or any subsequent photos taken by the SMPC of my provided works for the purposes of promotion. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Name: _____

Signed: _____

Office use only: Date received ____/____/____ A) ☐ P) ☐