



(www.womeninfoocus.us)

Membership Form

New Member

Yearly Renewal

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (home) _____ (work) _____ (cell) _____

Please circle the best number for contacting you.

Email: *** very important *** _____

Website (if any) _____

Is photography your full-time job? yes no If yes, in what capacity or type? _____

What strengths could you share with our group, eg., design, website, organization?

Please indicate your purposes for joining WIF:

Opportunity to exhibit work Photographic education

Networking Other (please describe)

How did you hear about us?

Please check activities in which you might participate:

Identifying exhibit venues Hanging exhibits WIF Website

Organizing exhibit openings and receptions Organizing field trips

Developing programs for monthly meeting Serving as an officer

Please mail this form and check for yearly dues of \$25 (made out to Women in Focus) to:

Women in Focus, P.O. Box 673663, Marietta, GA 30006.