SCIENCE MUSEUM CAMERA CLUB

Adult: $40.00 ☐ Family: $50.00 ☐ Student: Free (Must have School ID) ☐
Date: _____
Name: _____
EMAIL: _____
Address: _____
City, State, Zip: _____
Home Phone: _____ Cell Phone: _____
Family Membership Information (must include EMAIL for each):

Name:	Email:	Cell Phone:

Do you belong to another NFRCC Club: Yes ☐ No ☐ Club Name: _____
Current Competition Level in the other club: _____
You will be placed in the Bronze (beginning) level if you don't have a higher competing level from another club.

Photography Skill level: Beginner: ☐ Intermediate: ☐ Advanced: ☐

Editing Software Skill level: Beginner: ☐ Intermediate: ☐ Advanced: ☐

Computer Skill level: Beginner: ☐ Intermediate: ☐ Advanced: ☐

Camera Make & Model: _____

Editing Software: _____

We have a Novice program to help photographers improve their skills. You can be assigned a Mentor.
I would like a mentor assigned to me for help:
Yes: ☐ No: ☐

How did you hear about SMCC? _____

I understand that by entering images into any SMCC competition, you grant the SMCC the right to display the images online and to submit images to regional competitions, such as the PSA competitions. You, the maker, will still maintain the copyright and ownership of the images.

Signature: _____

Make Check Payable to: SMCC
Mail Check to: Frank Gaskill, 5135 Old Goodrich Rd, Clarence, NY 14031
Or Bring to any SMCC meeting