



Season 2020/2021

### REGISTRATION FORM

<b>Title – Rev / Dr / Mr / Mrs /Ms</b>

<b>Name</b>																			

<b>Postal Address</b>																			

<b>Email address</b>																			

<b>Contact Number</b>									

<b>Member of PSSL ?</b>			
Yes		No	

<b>PSSL Membership Number If Applicable</b>

<b>Are you a member of any other photography society?</b>	Yes		No	
<b>If Yes please give details.</b>				
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.....				
.....				
.....				

I certify that the information given above is true and correct.

<b>Signature of Applicant</b>	
<b>Date</b>	

For Office Use Only :

Date Received	Checked By	Payment Details	Remarks