Season 2022

REGISTRATION FORM

Title – Rev / Dr / Mr / Mrs /Ms

Name

Postal Address

Email address

Contact Number

Member of PSSL ?			
Yes		No	

PSSL Membership Number If Applicable

Are you a member of any other photography society?	Yes		No	

If Yes please give details.

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

Signature of Applicant	
Date	

For Office Use Only :

Date Received	Checked By	Payment Details	Remarks