



MEMBERSHIP APPLICATION/RENEWAL 2024-2025
01/08/24 to 31/07/25

East Gippsland Photographic Society Inc.
Incorporation No: A0051777U ABN: 52 149305436

First Name: _____ Family Name: _____

Postal Address: _____

Town: _____ Post Code: _____

E-mail Address: _____@_____

Home Phone: _____ Mobile: _____

Emergency Contact Person: _____ Phone: _____

Membership Number (Please enter if known): _____

EGPS offers an associate membership, which allows family/friends of members to join us on field trips and monthly workshops. Associate members cannot participate in club competitions. Associate members must be attached to a full member and submit a registration form (see below). Due to insurance requirements, there is a mandatory \$10 fee for all ages.

Associate Name: _____

Fees August 2024 through July 2025

- Full Member: \$65
- Full Member after February 1st 2025: \$35
- Associate Member: \$10

Membership Fee Submitted \$ _____

Fees can be paid by cash, cheque, or

Direct Credit to East Gippsland Photographic Society (Bendigo Bank)

BSB 633-000 Account 133386862 (**Please supply your name on the Transfer**)

Copyright

The East Gippsland Photographic Society recognises that you retain full ownership of the copyright in each image. All members understand that any image submitted in our club competitions, exhibitions or other displays may be used by East Gippsland Photographic Society for interclub competitions, newsletters, web site (low resolution), marketing or promotional purposes of the Society. The entrant hereby grants the East Gippsland Photographic Society a non-exclusive, irrevocable license in each image throughout the world in perpetuity in all media for any use directly or indirectly connected with the East Gippsland Photographic Society.

I hereby apply for membership of the East Gippsland Photographic Society Inc., and agree to copyright conditions for all images supplied to the club and will abide by its Constitution, By-Laws and Policies.

Signed: _____ Date: _____

A separate application form must be completed and signed by each member. Hard copy forms can be submitted at a workshop, or scanned and emailed to contact@egpsinc.org.

To assist us in supporting you within the club and to allocate you to the appropriate grade for our bi-monthly competitions, please take a few minutes to fill out the following questionnaire.

What do you feel your experience level is? Beginner Novice Advanced Expert Professional

Are you currently or have been a member of other Photography Club(s)? If so what level (if any) were you?

What genres of photography interest you? (landscape, portrait, macro, etc....)

What type and make of photographic equipment do you use? (DSLR, phone, mirrorless, Nikon, Canon, etc....)

Please list (if any) photo editing software that you use?

What topics or discussions would you like covered in our workshops?

Do club field trips (excursions) interest you? No Somewhat Yes

Any other comments or suggestions?



**ASSOCIATE MEMBERSHIP
APPLICATION/RENEWAL 2024-2025
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First Name: _____ Family Name: _____

Postal Address: _____

Town: _____ Post Code: _____

F-mail Address: _____ @ _____

Home Phone: _____ Mobile: _____

Emergency Contact Person: _____ Phone: _____

Full Members Name: _____

Signed: _____ Date: _____

A separate application form must be completed and signed by each member. Hard copy forms can be submitted at a workshop, or scanned and emailed to contact@egpsinc.org.