Over Exposure

Membership Form

TODAY'S DATE

NAME_____COMPANY_____

ADDRESS _____

CITY _____STATE_____ZIP/CODE_____

DAYPHONE ( ) ___-_____EVE PHONE ( ) ___-_____CELL( ) ___-_____

WEBSITE:_____

E-MAIL ADDRESS:_____

MEMBERSHIP STATUS NEW RENEWING

MEMBERSHIP LEVEL:
( ) Student/Senior ($30)
( ) Individual ($50)
( ) Family/Household ($75)

ENCLOSED IS A CHECK FOR $

SIGNATURE _____

HOW DID YOU HEAR ABOUT OverExposure? WHY are you interested in becoming a member?

DESCRIBE YOUR BACKGROUND IN PHOTOGRAPHY?

WHAT BENEFITS ARE YOU MOST INTERESTED IN?
____Member meetings _____Portfolio reviews _____Materials Discount _____Other

OPTIONAL (OverExposure appreciates your providing the following information for tracking member demographics):
ETHNICITY GENDER M / F AGE

MAIL TO:

OverExposure
3725 40th Avenue South
Minneapolis, MN. 55406