



established 1973

Sandton Photographic Society

Membership Information Form: Year _____

Name and Surname	
Physical Address	
Postal Address	
E-mail Address (Primary)	
E-mail Address (Other)	
Phone Number (Home)	
Phone Number (Work)	
Cell Number	
Individual Member Family Member Student Member Life Member	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Birthday (dd/mmm/yyyy)	
PSSA member? Y / N	
(if Yes, please provide membership number):	
Next of Kin / Emergency contact – Name:	
Next of Kin / Emergency– Contact Number :	
Special photographic interests / skills	
Type of workshops/outings you would like to participate in?	