



Louisville Photographic Society
P.O. Box 43731
Louisville, Kentucky 40253

MEMBERSHIP APPLICATION

Date: _____

Name (list all in family who are joining):

Mailing Address:

City, State, Zip: _____

Phone: _____

Interest: PRINTS DIGITAL NOVICE OTHER

Email Address: _____

I hereby agree to abide by the Code of Ethics, By-Laws and Competition Rules as stated on the Louisville Photographic Society website.

Signature _____