



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

MEMBERSHIP APPLICATION

Date: _____

Name (list all in family who are joining):

Mailing Address:

City, State, Zip: _____

Preferred Phone: _____

Interest: PRINTS DIGITAL OTHER
 AMATEUR LEVEL ADVANCED LEVEL

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. (www.louisvillephotographic.org)

Signature: _____