



Louisville Photographic Society  
1335 Castlewood Ave  
Louisville, KY 40204

## 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: \_\_\_\_\_

How did you hear about us? *(please list all ways):*

\_\_\_\_\_

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](http://www.louisvillephotographic.org))

Signature: \_\_\_\_\_