



Omaha Camera Club Membership Application

Name: _____

Address: _____

Phone: _____

Email: _____

Membership Type

Student (23yr and Younger).....\$10.00

Single.....\$20.00

Family.....\$25.00

Please return your application along with a check payable to:

Omaha Camera Club
c/o Treasurer
6837 Crabapple Street
La Vista NE 68128

