



Fort Dearborn-Chicago Photo Forum Student Membership Application

Student Membership Fee: \$5 Per Month

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Street) (City) (State) (ZIP)

SCHOOL: _____
(School Name) (School Email) (School ID Number)

CONTACT INFO: _____
(Phone) (Personal Email) (IF UNDER 18 - Parent Email)

Please state a personal reference (need not be photographically related):

(Reference Name) (Reference Email) (Reference Phone)

If elected to membership, I agree to be governed by the Constitution, by laws, and house rules of the Fort Dearborn-Chicago Photo Forum. I agree to provide a photo of my student ID for verification, and to provide a check for my first two month's dues. My obligations for dues shall continue until the Board of Directors has received my written notice of resignation from the Forum.

(Signature) (Date)

PLEASE EMAIL FORTDINFO@GMAIL.COM TO SET UP A BRIEF INTRODUCTION ZOOM CALL

Approved by Board of Directors: _____
(Do Not Fill Out) (Name) (Date)

2158 W Ohio Street Chicago, IL 60612 www.chicagophotoforum.org fortinfo@gmail.com