



WORKSPACE MEMBERSHIP APPLICATION

BAXTER ST at CCNY and/or ICP Darkrooms

NAME _____

ADDRESS _____ Apt. _____

CITY _____ STATE _____ ZIP _____

PHONE (Day/Eve) _____ CELL _____

E-MAIL ADDRESS _____

WEBSITE _____

On a separate sheet of paper please include with your application:

- A list of the names, addresses, emails and phone numbers of two people not related to you, that we may contact as a reference.
- CV or resume.

I AM APPLYING FOR (check both if desired):

BAXTER ST Digital Workstations: _____ ANNUAL MEMBERSHIP _____ MONTHLY MEMBERSHIP

ICP B&W and Color Darkrooms: _____ ANNUAL MEMBERSHIP _____ MONTHLY MEMBERSHIP

I authorize the Admissions Committee to make any necessary inquiries regarding the above information. If elected to membership, I agree to accept fully the provisions of the Club's Constitution and By-Laws.

SIGNATURE: _____ DATE: _____

After your application is reviewed, an interview will be scheduled. You must bring 10 examples of your work to the interview.

Please email or post application and support materials to:

Membership Committee
Baxter St at the Camera Club of New York
126 Baxter St.
New York, NY 10013
Tel: 212-260-9927

Email: membership@cameraclubny.org
Web: www.baxterst.org