



Registration form

First name _____ Initials _____

Surname _____

Day of birth _____

Street + number _____

Postal zip code _____ Town/city _____

Telephone _____

E-mail _____

Affiliation ☐ UT student ☐ UT PhD candidate ☐ Saxion student
☐ UT staff ☐ Other: _____

Student/staff number _____

Education _____

Interested in ☐ Digital photography ☐ Analog photography

Own a camera? ☐ Digital ☐ Analog ☐ I do not own a camera

Union card ☐ Yes ☐ No

Membership Declaration

By selecting Yes, the undersigned requests membership in AFVD Foton, in accordance with its statutes. The undersigned further agrees to pay the membership fee.

The undersigned agrees to pay the following fees until membership is formally cancelled:

- An annual membership fee of €20,00 (or another amount as determined by the General Members' Meeting).

Special provisions:

- If registration occurs in the second semester, only a half-year membership fee of €10,00 applies for the first academic year.

If membership is cancelled before the end of the first semester, a half-year fee of €10,00 will still apply.

☐ I give permission for AFVD Foton to use photos of me or taken by me for promotional and exhibition purposes (optional).

Date _____ Signature _____

Address: AFVD Foton, building Vrijhof. Postal box 217, 7500 AE Enschede
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Web: www.fotonutwente.nl
Bank: NL47INGB0007667121