



MEMBERSHIP APPLICATION FORM

Please complete this form and send it with your remittance to:

Pam Firth (BFS Treasurer)
10 Beswick Gardens
Bracknell
RG12 2QL

PLEASE GIVE THE FOLLOWING:

NAME:.....

ADDRESS:.....

.....

TEL. NO:

E-MAIL ADDRESS:

I would like to join Bracknell Film Society and enclose a cheque for £10 for a calendar year or £7 concessionary rate for students, registered unemployed, registered disabled and retired people. (delete sum as appropriate). Make payable to “Bracknell Film Society”

Signed

Date

Please complete the following:

1. Age Group (please tick one box):

| | | | | | | | |
|----------|--|---------|--|---------|--|---------|--|
| Under 16 | | 16 - 20 | | 21 - 25 | | 26 - 35 | |
| 36 - 45 | | 46 - 55 | | 56 - 65 | | Over 65 | |

2. Do you consider yourself disabled? Yes / No

3. One of the benefits of having BFS Membership is early booking and £1.50 discount on all BFS films at South Hill Park. If you do NOT wish your details to be passed to SHP to action this benefit please tick here.

| For Records only | |
|------------------|------|
| Mbr.No. | Date |
| | |