

# BERWICK FILM SOCIETY

## Application for Membership 2010/2011

PLEASE PRINT CLEARLY IN BLOCK CAPITALS

**TITLE:** Mr – Mrs – Ms – Miss – Other ..... (please circle as appropriate)

**FORENAME** ..... **SURNAME** .....

.....

.....

**ADDRESS** .....

.....

.....

**POSTCODE** .....

**CONTACT PHONE NUMBER** .....

**MOBILE PHONE NUMBER** .....

**EMAIL ADDRESS** .....

Please give an email address if you are an email user as it saves postage costs.

No personal information, including email addresses, will ever be passed to a third party.

**AGE GROUP** (needed for membership analysis)

16-25   26-35   36-50   50+   (please circle as appropriate)

**I / We wish to join Berwick Film Society for the 2010/2011 Season (£28 per person) and enclose a cheque (payable to Berwick Film Society) for £**

Please note that membership is non-transferable.

Please mail the completed form to:

**Berwick Film Society  
c/o 79 Main Street,  
Spittal,  
Berwick-upon-Tweed, TD15 1RD**