



FILM CLUB

FILM CLUB MEMBERS APPLICATION

Name:

Date of birth:

Phone:

Current address

City:

County:

Postcode:

SPOUSE (AND OR) FAMILY INFORMATION IF JOINT MEMBERSHIP £85.00

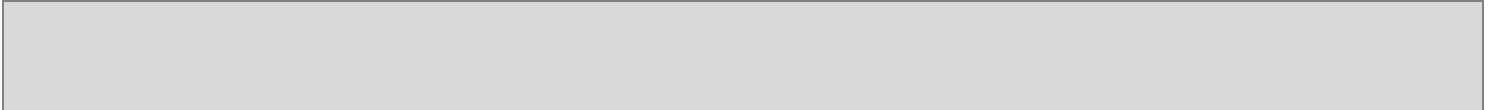
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Phone:



Name:		
Date of birth		Phone:
Name:		
Date of birth		Phone:
Name:		
Date of birth		Phone:



Cinema

Tops 3 favorite films :

Please ensure that your application includes the following:

- **Proof of address**
- **Complete standing order form for annual payment**

Please note: membership should be paid on application.



I hereby sign up for membership of The Angel Film Club. I agree to bound by the rules of

Signature of applicant:

Date:

Signature of spouse *(only if for a joint membership)*:

Date:

