

Membership Form

Membership Secretary: Marina Chester
(03) 9604-629

canterburyfilmsoc@gmail.com
www.canterburyfilmsociety.org.nz

First Name

Last Name

Date

Street Address

Suburb

City

Postcode

Email Address (please use block letters)

Phone

PAYMENT

Please select your membership type (*Memberships last 12 months after joining date*):

- \$132 NEW Membership
- \$122 DISCOUNTED Membership (*seniors/returning members/Film Guild Members*)
- \$70 STUDENT Membership (*tertiary*)
- \$70 Half-Year Membership (*February-June*) \$70 Half-Year Membership (*July-November*)
- \$50 YOUTH Membership (*13-18 years*)
- \$30 Flexi-Pass (*3 films, no expiry date*)
- \$ Donation

\$ **Total payment**

Payment method: POLiPay/Online Cheque/Cash QuickPay (venue only)

Online banking: Kiwibank 38 9015 0536378 00

Please use your name as a reference.

How would you like to receive your membership card?

- Posted to me Pick up in person before a film

I'd like to receive event reminders by: Email Text message Neither

(Optional) How did you hear about us?

- Family/friends Brochure/poster Social media Star/Press

Other:

(Optional) My age bracket is:

- 13-18 19-29 30-39 40-49 50-59 60-69 70-79 80-89