

CINEMA PARADISO - MISSION BEACH FILM CLUB INC. MEMBERSHIP FORM



NAME: _____

PHONE: Home: _____ Mobile: _____

EMAIL: _____ (Please print clearly)

My interest in films are (you can tick more than one):

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> New Releases | <input type="checkbox"/> Classics | <input type="checkbox"/> Documentary |
| <input type="checkbox"/> Animated | <input type="checkbox"/> Comedy | <input type="checkbox"/> Political |
| <input type="checkbox"/> Experimental | <input type="checkbox"/> Black & White | <input type="checkbox"/> Arthouse |
| <input type="checkbox"/> Foreign Language with Subtitles | <input type="checkbox"/> Others (pls. explain) | |

My film suggestions are: _____

If my application is accepted, I agree to be bound by the rules of Cinema Paradiso (a copy of AIMS Statement is attached).

SIGNATURE: _____ DATE: _____

Membership for 1 year starts 1st of January and ends 31st December

- | | | |
|--|--------------------------|----------|
| General Membership: | <input type="checkbox"/> | \$ 40.00 |
| Family Membership (2 Adults + 2 children): | <input type="checkbox"/> | \$ 80.00 |
| 3-month temporary Membership | <input type="checkbox"/> | \$ 15.00 |
| Temporary – 1 screening | <input type="checkbox"/> | \$ 10.00 |

Payment: Cash/Cheque to “Cinema Paradiso – Mission Beach Film Club Inc.”

Direct Debit – Bendigo Bank BSB 633-000 Acc: 183 324 086
(please enter your name in the account description field)

Return to: Cinema Paradiso, 2/8 Nivosa Court, 4852 Mission Beach or email to missionbeachfilmclub@gmail.com

**PROVIDING QUALITY FILMS – ANOTHER CULTURAL EXPERIENCE TO OUR LOCAL COMMUNITY AND BEYOND.
WELCOME TO THE CELEBRATION OF FILM - BRINGING FILMS BACK TO THE CASSOWARY COAST.**

Office use only:

Membership proposed by: Name Signature: Date:

Membership seconded: Name Signature: Date: