



# membership renewal

## your details

name		membership number (if known)	
------	--	------------------------------	--

## if the following has changed, please complete

address	
---------	--

telephone	
-----------	--

email	
-------	--

age range:                      under 18                          18 and over   

## declaration

I give consent for Andover Film Club to hold my name, address and other details in a membership database. I give consent for the Club to send me emails or newsletters from time to time. I give consent for the Club to supply my name, membership number & expiry date to Club venue operators to enable discounted ticketing.
--

I am 16 years of age or over. I understand that members under the age of 18 will not be permitted entry to Certificate 18 films.
--

I enclose payment of £15 for my membership renewal.
---

signed	
--------	--

date	
------	--

Return, along with cheques made payable to "Andover Film Club" to:  
 Andover Film Club, PO Box 1920, Andover, SP10 9EL