

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, 9 Belle Vue Rd, Andover, Hampshire SP10 2DF