**Membership Form**

New Member [ ] Renewal [ ]

I hereby apply for membership / renewal of the Shoalhaven Movie & Multimedia Group [Inc] and agree to abide by the rules and constitution of the Group.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | Mr [ ] | | Mrs. [ ] | Ms [ ] | |  | | | | |  |  |
| Name | | Mr [ ] | | Mrs. [ ] | Ms [ ] | |  | | | | |  |  |
| Phone | Home | |  | | | Work |  |  |  | Fax |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Mobile |  | Email |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address | Street |  | | |
|  | Suburb |  | Post code |  |

|  |  |
| --- | --- |
| Partners / Spouse first name [optional] |  |

I am interested in the following activities

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Movie Making |  | 2. Audio-visual |  |
| 3. Video |  | 4. Still photography |  |
| 5. Digital |  | 6. Movie editing |  |
| 7. Other |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |
| Signed |  | Date |  |

Paid Membership will be available in the Categories listed below

[ ] Annual Membership Fee $30.oo

[ ] Concession fee available to all holders of Government Concession Card $20.oo

[ ] Family Fee [two adults and school age children]. $40.oo

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Paid amount | $ | Date |  | Rec No |  |