Membership Sign Up

PO Box 1821, Aitkenvale Q 4814

Website: www.cinemagroup.org.au

Email: treasurer@cinemagroup.org.au

Contacts: Elizabeth Pegg (0437 676 122)

 Bill Anderson (0402 915 275)

|  |  |
| --- | --- |
| Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Year Early Bird Renewal | **$100** | Full Year Youth Membership(under 26 years) | **$85** |
| Full Year Regular Member | **$110** | Half Year Membership (from July 1) | **$60** |

|  |  |
| --- | --- |
| Up to three members using the same postal address can be entered on this form.Please PRINT clearly on this form so we can email & spell your name correctly 😊  | Membership Amount |
| First Member Name |   | $ |
| Second Member Name(if required) |  | $ |
| Third Member Name(if required) |  | $ |

|  |  |
| --- | --- |
| Street Address |  |
| Suburb & Post Code |  |
| Email Address |  |
| Alternate Email Address (optional) |  |
| Phone Number (optional) |  |
| Payment Method | 🞎 Bank Transfer Direct Deposit 🞎 Cheque / money order (payable to Townsville Cinema Group)🞎 Cash or credit card paid at the Cinema |

**Townsville Cinema Group Direct Deposit:**

BSB 484-799,
Account 00 229 2071

Please include **your name** as a reference.

**Cash or Credit Card:**

Committee Member please sign to indicate payment received.