**GODALMING FILM SOCIETY** 

You are invited to apply for membership of the Godalming Film Society.

If you wish to join, please complete this membership form

and email to: [members@godalmingfilmsoc.org.uk](mailto:members@godalmingfilmsoc.org.uk)

and make a BACS payment (details below).

Alternatively, please post this form plus cheque (no cash) to:

Membership Secretary, Godalming Film Society, 9 Eashing Lane, Godalming, GU7 2JZ

**MEMBERSHIP FORM**

|  |  |
| --- | --- |
| **Name of 1st member** |  |
| **Name of 2nd member (if applicable)** |  |
| **Address** |  |
| **Telephone (per member, if applicable)** | **1**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **2** |
| **Email** | Please indicate if we may contact you by email: **YES NO**  If yes, provide your email address (per member):  **1**  **2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *The personal information you provide will only be used by Godalming Film Society and will not be disclosed to anyone else unless we are obliged by law to do so.* |
| **Subscription**  **£35 per applicant**  Please tick box for payment method | □ BACS at Lloyds Godalming: 30-93-49  01664087  Godalming Film Society  As a reference, please put your **last name (required)**  OR  □ Cheque payable to Godalming Film Society |
| *Office use only* | *Date received:* |

This has been sent to you because your name and address is on our current membership list. If you are not interested in receiving any more communication from GFS, please let us know.  You can do this by email to members@godalmingfilmsoc.org.uk or by calling Penny McLaren at 01483 415525.