Louth Film Club
Membership Application

Name(s) ……

Address …….

……..

…….Post Code ……....

Phone Number ……..

Email Address ……

(Emailing saves money, time & resources; we will only email you on Film Club matters)

Are you an existing member? No ☐ Yes ☐

If Yes, please give your membership number ☐

Signed ……..……..Date ……..……..

To help us with administration your details will be stored on a computer but will not be passed on to anyone without your permission. If you wish to receive information from us please tick ☐

Two ways to join:

1. Return your completed form either by post, with a cheque payable to **Louth Film club,**
or in person, with cheque or cash, to:

Mark Merrifield, Louth Film Club
c/o Off The Beaten Tracks
36 Aswell Street
Louth LN11 9HP

2. Bring the completed form with cheque or cash to the Playhouse Cinema on a club film night. Please arrive in good time before the film starts.

Office use only

Date:	Card issued:	Membership No:
Cash:	Cheque:	Details recorded: