

Membership Form

Equipment, Facilities, Information, Advice and Training

NAME: _____

ADDRESS: _____

TEL: _____ **EMAIL:** _____

Film/Video experience (if any): _____

Where did you hear about Cork Film Centre: _____

Reasons for joining Cork Film Centre: (please tick)

Equipment hire _____ awards _____ workshops _____ general interest _____

Other (please state) _____

CATEGORY:

Waged: €30 ___ Unwaged: €25 ___ Student: €12 ___ Community/Arts groups: €75 ___

Please add my email address to your database for updates on courses, activities etc. Y ___ N ___

SIGNED _____ **DATE** _____

Please fill out form and return with appropriate fee to:
CORK FILM CENTRE, 20-21 ANGLESEA STREET, CORK.
(Cheques payable to: CORK FILM CENTRE)

Please enclose proof of identification/address and two passport size photographs with your application.
Membership entitles you to apply for use of equipment and to enroll in workshops and seminars.
Membership must be renewed annually on 1st April or 1st October.