



# Broome Movies Membership Form

Private and Confidential

## 2018 Membership \$25 for 1 year

Please complete in BLOCK CAPITALS

Attach  
Photo Here

(no sunnies  
or hats  
please)

- Adult (16yrs+)
- Child (3-15yrs)
- Senior/Concession  
(Senior/concession card  
required to be sighted)
- Please use photo attached
- Please use photo emailed to  
louisa@broomemovies.com.au

Given Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

D.O.B: DD/MM/YYYY Phone/Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Postal address: \_\_\_\_\_

I have read and agreed to the attached membership terms and conditions:

Member \_\_\_\_\_ Date: DD/MM/YYYY

Signature:

Parent/Guardian

Signature: \_\_\_\_\_ Date: DD/MM/YYYY

(If member under 16)

OFFICE USE ONLY:

Fee Paid \$25.00  Staff Member: \_\_\_\_\_ Date: DD/MM/YYYY