



# Broome Movies

## Membership Renewal Form

### Private and Confidential

Please PRINT clearly in CAPITAL letters using a black or blue pen. One form p/person.

**Memberships** cost \$20.00 p/person

- |   |  |
|---|--|
| <input type="checkbox"/> Adult (16 years +)   | <input type="checkbox"/> Please use photo attached                                       |
| <input type="checkbox"/> Child (3 – 15 years) | <input type="checkbox"/> I will take a photo and email it to<br>info@broomemovies.com.au |
| <input type="checkbox"/> Concession           |  |
| <input type="checkbox"/> Senior               |  |

Please  
attached  
passport  
size photo  
here

**Replacement Cards** cost \$5.00 p/card

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ P/code: \_\_\_\_\_

Phone/Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

I have read and agree to the attached membership Terms and Conditions.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if under 16)

**Please Note:** Proof of ID is required when paying for your membership

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#### OFFICE USE ONLY:

Proof of ID supplied:  Driver's License  Concession Card  Senior Card  
 Student ID  Proof of Age Card  Previous M/ship Card

Total Amount Paid \$ \_\_\_\_\_ Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

Date Membership Card issued: \_\_\_\_\_ Expiry date: \_\_\_\_\_