**Join the FRIENDS of the**

**NATIONAL FILM AND SOUND ARCHIVE**

**MEMBERSHIP APPLICATION FORM**

Please send completed applications to: Secretary, Friends of the NFSA, PO Box 9618, Deakin, A.C.T., 2600 (or hand to Committee Member at Friends function) or scan and email.

**MEMBERSHIP DETAILS**

Mr [ ] Mrs [ ] Ms [ ] Miss [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Given Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* *Concessions*: Full-time students and income-assisted pensioners

(Email is our preferred method of communication)

**One year** Individual $25.00 [ ] Family $35.00 [ ] Concession\* $15.00 [ ]

**Two year** Individual $45.00 [ ] Family $55.00 [ ] Concession\* $25.00 [ ]

Donation …………… (Optional and not Tax Deductible)

**METHOD OF PAYMENT**

Cash [ ] Cheque [ ] to: ‘Friends of the NFSA’

Direct Deposit [ ] to: BSB: 313140 Account: 12141910 (Reference your Family Name).

Credit Card go to <https://www.trybooking.com/BFFGU>

Unless paying by Credit Card please mail/email/hand in this completed form so we can record your details)**.**

Total amount $ \_\_\_\_\_\_\_\_ Date sent …../ …../