APPLICATION FOR MEMBERSHIP



| PROFESSIONAL NAME: | |
|--|------------------------------|
| CINEMATOGRAPHER EDITOR PRODUCTI | ON DESIGNER COSTUME DESIGNER |
| CONTACT DETAILS | |
| ADDRESS | |
| COUNTRY | POSTCODE |
| EMAIL | DATE OF BIRTH |
| PHONE | MOBILE |
| NOMINATED BANK ACCOUNT FOR THE R | ECEIPT OF PAYMENTS |
| BANK | |
| ACCOUNT NAME | |
| SORT CODE | |
| ACCOUNT NUMBER | |
| REGISTRATION FEE | |
| Screen Craft Rights charges of one-off registration fee of £35. This will be deducted from the first payment. | |
| MEMBERSHIP | |
| Please tick all the organisations to which you belong | Ţ. |
| BECTU BFDG BFE BSC GBCT | Other (please list) |
| I HEREBY APPLY TO BE A MEMBER OF SCREEN CRAFT RIGHTS LTD. I UNDERSTAND THAT AS A MEMBER I ACCEPT A MAXIMUM LIABILTY OF £1 IN RESPECT OF THE COMPANY. | |
| SIGNED | DATE |