



**CHILTERN
FILM
SOCIETY**
at The Elgiva, Chesham

Application form

Applicant 1

*(If buying as gift membership to be posted, please fill in your details, and then the details of the recipient as marked *)*

First name _____ **Surname** _____

Address _____

Postcode _____ **Telephone** _____

E-mail *(please write clearly)* _____

Applicant 2 *(if applicable)*

First name _____ **Surname** _____

Recipient* – for gift memberships only

Please send to: Name _____

Address _____

E-mail *(please write clearly)* _____

Fee per person: £50 for 15 films

Gift membership: £52 for 15 films

Number of persons: _____ **Total: £** _____

- I enclose a cheque payable to Chiltern Film Society
- I enclose a stamped addressed envelope.
(Note: this is required for standard memberships only).
- I will collect my card/gift card on a CFS film night
- This is a gift membership, please post to:
Applicant 1/Recipient* (delete as appropriate*).

*Please send your cheque, SAE and application form to:
Sigrid Poole, CFS Membership Secretary,
60 Stubbs End Close, Amersham, Bucks HP6 6EU*

2017/8