



# Membership Application

Institute of Amateur Cinematographers  
Registered No. 269085 England. Charity Registration No. 260467

Please complete and return to:

IAC - The Film & Video Institute,  
McCracken Park,  
Great North Road, Gosforth,  
Newcastle upon Tyne  
NE3 2DT

Please tick the type of membership you require.

### Annual Rate

- Full Member ..... £37.50  
(Including overseas members)
- Family Membership . £54.00
- Youth Member ..... £22.00  
(Between 18 & 25 years of age)
- Junior Member ..... £11.00  
(Under 18 years of age)
- Affiliated Society .... £40.50
- I require IAC Music  
Copyright Licences @ £7.17  
(please also complete yellow form)

### Concessionary rates to people aged over 65.

- Full Member ..... £32.50
- Family Membership ..... £48.50

Whether you pay by cheque or Direct Debit, do declare it Gift Aid if you can. It helps us – and doesn't cost you anything. (Please read the notes on Gift Aid below the Direct Debit form.)

Please make cheques payable to IAC Ltd.

### Gift Aid

I would like the Institute of Amateur Cinematographers to reclaim the tax on all donations and subscriptions I have made in the past four years and all future donations and subscriptions until I notify you otherwise.

Signed .....

Date .....

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.

### The Film and Video Institute

Tel: 0191 303 8960  
E-mail: admin@theiac.org.uk  
Web site: http://www.theiac.org.uk

PLEASE COMPLETE IN CAPITAL LETTERS

### Membership Details:

Name: .....

Address: .....

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Post Code: .....

Date of Birth: ..... (Junior, Youth & Senior Citizen only)

Tel. No. (Home) .....

E-mail: .....

Occupation: .....

Signature: .....

Date: .....

How did you hear about us? .....

If you are a member of a club, which one? .....

### Family Membership:

Full Member: .....

Spouse / Partner: .....

Children (including date of birth) .....

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.....

### Affiliated Societies:

Full name of Affiliated Society: .....

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Town of Meeting: .....

May we give contact details to enquirers and put on our website the club venue, contact name, phone number and e-mail: **YES / NO**

### Data Protection Act

Your name and address will be passed to the local IAC Region but to no other third party or commercial concern.

I am interested in (please tick)

Audio Visual  Film  Video

FOR OFFICE USE ONLY

No: ..... Gift Aid: .....