



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:

.....

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: