



Fleurieu Film Festival

Membership Application

Type of Membership	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporate
Corporate Member Name		
Name of Organisation		
Contact Person		
Individual Member Name		
Family Name		
Given Name		
Postal Address - all to complete		
Street Number and Name or PO Box		
	Suburb	State Postcode
Telephone Number		
Email		
<i>I apply to become a member of and support the Fleurieu Film Festival and agree to abide by its Constitution.</i>		
Signature		Date
Payment Details		
<input type="checkbox"/> \$70 for Corporate Membership <input type="checkbox"/> \$40 for Individual Membership		
To complete your membership, make your payment by Direct Debit , then:		
<input type="checkbox"/> email a completed copy of this form to: director@fleurieufilmfestival.com.au		
or	<input type="checkbox"/> post to:	Director, Fleurieu Film Festival 5 Roseberry Avenue Highgate SA 5063
Payment by Direct Debit to:		Pay by PayID:
Account name:	Fleurieu Film Festival	membership@fleurieufilmfestival.com.au
BSB:	633-000 (Bendigo Bank)	Reference: Your Family Name and Initial
Account Number:	158 606 004	
Reference:	Your Family Name and Initial	
Please direct any queries to: director@fleurieufilmfestival.com.au		
When complete, this form serves as a tax invoice ABN: 13 7323 637 237		