



APPLICATION FOR MEMBERSHIP

PROFESSIONAL NAME _____

CINEMATOGRAPHER EDITOR PRODUCTION DESIGNER COSTUME DESIGNER

CONTACT DETAILS

ADDRESS _____

POSTCODE _____

COUNTRY _____

EMAIL _____

PHONE _____

MOBILE _____

DATE OF BIRTH _____

NOMINATED BANK ACCOUNT FOR THE RECEIPT 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:

BECTU BFDG BSC GBCT GBFTE Bild-Kunst

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 LIABILITY OF £1 IN RESPECT OF THE COMPANY.

SIGNED _____

DATE _____

Please return to:

SCREEN CRAFT RIGHTS
27 Orchard Road
Twickenham
Middx TW1 1LX

T 07861 411194

E info@screencraftrights.org