



2024-2025 Membership Application

Full Name: _____

Street Address: _____

City: _____

Email: _____

Phone: _____ Cell: _____

Fees owing: \$25.00 per person

Total Paid \$ _____

Payments are due within one month of completing the membership application form.

Preferred payment method is by online banking

Dannevirke Regent Cinema Inc. ANZ 06-0613-0436827-02 Reference: Membership

Members benefits will include:

- One free family pass (two adults and two children) per financial year.
- Exclusive society events throughout the year as planned by the committee.
- Members with an advertising contract will receive 5 free tickets per month of advertising (up to a maximum of 20 tickets)

I consent to being a member of the Dannevirke Regent Cinema Incorporated. I consent to the collection of these details by DRC for the purpose of DRC Registration and for DRC to retain and use the information for the societies membership register. I acknowledge my right to access and correct the information. This consent is given in accordance with the Privacy Act 1993.

Signed: _____

Date: _____

For Committee Use:	Membership: Approved <input type="checkbox"/> Declined <input type="checkbox"/>	Date _____
Entered in Membership Register <input type="checkbox"/>	Receipt Number _____	Acknowledgement Letter Sent _____