



MEMBERSHIP APPLICATION 2019-2020 SEASON

Check one: RESIDENT NON-RESIDENT

Provide full name & address for *each individual* membership card. Add another sheet if needed.

PLEASE PRINT CLEARLY or USE AN ADDRESS LABEL

Name	Address	Phone #

Before mailing, make sure you include:

- Check payable to THE FILM CLUB.
- Check # _____ or Cash Amount \$ _____
- This Application
- Stamped Self-addressed envelope**

MAIL TO:
THE FILM CLUB
P.O. BOX 3601
LAGUNA HILLS, CA.
92637