



CINEMA THEATRE ASSOCIATION

Application Form

(Associate Membership is available anywhere but ONLY with a full member at the same address)

UK : £29		Associate : £10	
Europe (Standard Mail) : £37		<i>Enter associate name here</i>	
World (Economy Mail) : £37		World (Standard Mail) : £49	

Cheque/Postal order payable to **The Cinema Theatre Association** or Credit/Debit card: Mastercard, VISA or UK Maestro **only** - Enter your full card number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Expiry Date:	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
--------------	----------------------	----------------------	---	----------------------	----------------------

Card Security Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>
---------------------	----------------------	----------------------	----------------------

Start Date:	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	(if shown on the card)
-------------	----------------------	----------------------	---	----------------------	----------------------	------------------------

Card holder signature : _____

Name: Mr/Mrs/Miss/Ms (other) : *Please give your full name* _____

Address: _____

Postcode: _____

Phone No: _____

E-mail address: _____ Date of Birth: _____

How did you hear about us? _____

I wish to become a member of the Cinema Theatre Association and agree to be bound by the Memorandum and Articles of Association of The Cinema Theatre Association for the time being in force.

Signed: _____ Date: _____

Gift Aid Declaration (UK only)

Please treat the enclosed subscription (and, if applicable, any subsequent donation) as a Gift Aid donation. I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities and Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given. Please notify the Membership Secretary if you want to cancel this declaration, if you change your name or home address or if you no longer pay sufficient tax on your income and/or capital gains.

To authorise our claim, please sign:

and Date:

Return completed form with remittance or credit card details to:
The Cinema Theatre Association, 128 Gloucester Terrace, LONDON W2 6HP

The Cinema Theatre Association

Registered address: 59 Harrowdene Gardens, Teddington, Middlesex, TW11 0DJ

Company limited by guarantee Reg. No 4428776 - Registered Charity No. 1100702 Mem. Form V8 01.07.15