

QUINTE FILM ALTERNATIVE GREAT MOVIE WEDNESDAYS

MEMBERSHIP FORM

FOR YOUR CONVENIENCE YOU MAY ALSO REGISTER AND PAY ONLINE AT QUINTEFILMALTERNATIVE.CA

GIFT: _____

PHONE # OF PURCHASER (IF GIFT CHECKED)

PLEASE FILL OUT THE RECIPIENT'S INFORMATION

LAST NAME: (PRINT) _____

FIRST NAME: (PRINT) _____

ADDRESS: (STREET) _____

CITY: _____ POSTAL CODE: _____

PHONE: NUMBERS WITH HYPHENS (EG. 613-123-4567) _____

EMAIL: _____

Matinee Start Time is 2PM. Evening Start Time is 7PM. Paid members may choose to attend Evening or Matinee screenings.

MAIL THIS COMPLETED FORM ALONG WITH YOUR CHEQUE TO: **QUINTE FILM ALTERNATIVE, PO BOX 22172, BELLEVILLE ON K8N 5V7**

OR BRING IT WITH YOU TO THE THEATRE AT ANY QFA SCREENING. YOU MAY ALSO PAY VIA E-TRANSFER: PAYMENT@QUINTEFILMALTERNATIVE.CA.

Number of Memberships:

FULL SEASON (SEPTEMBER TO JUNE): **\$150**

HALF SEASON (SEPTEMBER TO JANUARY): **\$80**

HALF SEASON (FEBRUARY TO JUNE): **\$80**

Total Paid: _____

Debit/Credit E-transfer

Cheque No: _____

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