



Membership form

Bent TV Association Inc (A0028381E)
 PO Box 6256 St Kilda Rd Central, MELBOURNE 8008
 03 9517-0125 www.benttv.org.au feedback@benttv.org.au

Name :	
Address:	
Suburb/town:	
State/Country:	
Postcode/zipcode:	
Phone/ Mobile:	
Email:	
Birthdate:	
*Organisation/company represent only one person	

Interests: (tick applicable boxes)

Programming team	<input type="checkbox"/>	Animation / Graphics	<input type="checkbox"/>
Video Editing	<input type="checkbox"/>	Costume/ makeup	<input type="checkbox"/>
Presenting/ On camera	<input type="checkbox"/>	Transport (people / sets / etc)	<input type="checkbox"/>
Studio roles eg. camera/ director/ technician	<input type="checkbox"/>	Fundraising/ Sponsorship	<input type="checkbox"/>
Script writing/ Script editing/ reviewing	<input type="checkbox"/>	Webmaster	<input type="checkbox"/>
Set designing/ building/ construction	<input type="checkbox"/>	Viewer/ supporter	<input type="checkbox"/>

Membership type

<i>Tick applicable box</i>		<i>Tick payment type</i>	
Concession (\$25)	<input type="checkbox"/>	Cash	<input type="checkbox"/>
Standard (\$40)	<input type="checkbox"/>	Money order	<input type="checkbox"/>
Organisation/Company (\$50)	<input type="checkbox"/>	Credit card	<input type="checkbox"/>

Office use only

Card Type: Please Circle One	VISA	MasterCard	Bankcard	Expiry: ____/____
Card Number:	_____	-	_____	-
Name as it appears on card:	_____			

Signature: _____

Date received: _____	Secretary Date Processed: _____
Receipt No.: _____	Date Handed To Treasurer: _____
Card No.: _____	Treasurer Date Processed: _____
Renewal date: _____	Date Returned to Secretary: _____