



ABN 98 472 988 981

APPLICATION FOR MEMBERSHIP

Yes! I would like to join the Screen Production Alliance Central Coast.

SURNAME: **GIVEN NAME(S):**

BUSINESS NAME: **OCCUPATION:**

ADDRESS: **POSTCODE:**

POSTAL: **POSTCODE:**

PHONE (W): **PHONE (AH):** **MOBILE:**

EMAIL: **FAX:**

WEBSITE:

MEMBERSHIP TYPE*: **INDUSTRY** \$50 per annum **ASSOCIATE** \$25 per annum **STUDENT** \$10 per annum

NEW MEMBER **RENEWAL**

*Voting rights limited to Industry memberships only.
Associate and Student memberships non-voting only

TYPE OF BUSINESS: Sole trader Partnership Company **NUMBER OF STAFF:**

I agree to abide by the rules of the Alliance and offer the following information free willingly for the purpose of a

skills and technical audit of our membership base. **SIGNED:** **DATE:**

Tick here if the Screen Production Alliance can use your information for database and mail-out purposes.

Please make cheques/money orders payable to: Screen Production Alliance Central Coast
and mail to: The Treasurer, Screen Production Alliance, c/- PO Box 2183 GOSFORD NSW 2250

OFFICE USE ONLY

APPROVED BY: **DATE:** **RECEIPT NUMBER:**

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