



Chiltern Film Society

Application form

Applicant 1

Title _____ **First name** _____

Surname _____

Address _____

Postcode _____

Telephone number _____

e-mail _____

Applicant 2 (if applicable)

Title _____ **First name** _____

Surname _____

**If you are a new member please tell us how/where
you found out about us** _____

Fee per person: £26 for 8 films

No. of persons: _____

TOTAL £ _____

I enclose a cheque payable to **Chiltern Film Society**

Please send your cheque and completed application
form to:

Derek Goddard, Secretary, 9 Hospital Hill, Chesham,
Bucks HP5 1PJ