



**CHILTERN  
FILM  
SOCIETY**  
at The Elgiva, Chesham

## Application form – part season

Applicant 1

**First name** \_\_\_\_\_ **Surname** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Postcode** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**E-mail** \_\_\_\_\_

Applicant 2 *(if applicable)*

**First name** \_\_\_\_\_ **Surname** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Postcode** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**E-mail** \_\_\_\_\_

### **Fee per person: £35 for 8 films**

**Number of persons:** \_\_\_\_\_ **Total: £** \_\_\_\_\_

- I enclose a cheque payable to Chiltern Film Society
- I enclose a stamped addressed envelope
- I will collect my membership card on a Chiltern Film Society film night

**Please send your cheque, SAE and application form to:**  
Chiltern Film Society,  
2 Saxon Close,  
Amersham,  
Bucks HP6 5QA

**Gift Memberships are also available for £37.**

For details please visit [www.chilternfilmsociety.org.uk](http://www.chilternfilmsociety.org.uk)