

A SOCIETY FOR FILM AND VIDEO MAKERS

(Inc. 1969)

APPLICATION FOR / RENEWAL OF MEMBERSHIP

I wish to be a member of the Society of Canadian Cine Amateurs. I understand that membership entitles me to:

- 01/ A subscription to the SCCA's Journal "PANORAMA".
- 02/ Access to film and video competitions conducted by the SCCA.
- 03/ News about worldwide competitions that I might enter.
- 04/ Contact with other SCCA members across Canada and worldwide.
- 05/ Access to the SCCA's library of Canadian and foreign amateur movies that have won awards.
- 06/ Other video and film programs that the SCCA offers from time to time.
- 07/ News of the SCCA's conventions and regional meetings, club information and the opportunity to participate.
- 08/ Access to reliable technical and production information from the SCCA's experienced members.
- 09/ An opportunity to help shape the SCCA's future programs and services for the greatest benefit of amateur film and video makers.
- 10/ An opportunity to share your skills and knowledge with other interested movie makers.

***NEW 11/ The Use of Music and SFX Licenced for SCCA Full Members. MEMBERSHIP FEES; June 1st, 2007 to May 31st, 2008**

Class "A" (voting)

GROUP Membership(Clubs)..... \$0.75 per member -- Min. \$20 ___members on April 30, 2007
INDIVIDUAL Membership (Repeat)..... \$ 30.00 per year
(First time ever) ... \$ 20.00 first year only
FAMILY Membership(Repeat)..... \$ 35.00 per year
(First time ever).... \$ 25.00 first year only
LIFE Membership \$ 600.00
SUSTAINING Membershipdonation of...\$ 100.00 per year or more (Tax receipts issued
PATRON of the SCCAdonation of... \$ 500.00 per year or more for all donations)

Class "B" (non-voting)

STUDENT Membership \$ 15.00 per year Age ___ School _____
ORGANIZATIONAL Membership\$ 30.00 per year
INDUSTRIAL Membership \$ 50.00 per year
Special Donation to SCCA..... \$????.00 (Tax receipts issued for ALL donations)

MEMBER INFORMATION *Please print clearly* SCCA: _____ Classification _____

First Name: _____ Last Name: _____ Society Honours: _____
Address 1: _____ City: _____ Prov./State: _____
Post Code: _____ Ctry.: _____ Area Code #: _____ Home #: _____ Work #: _____ Fax #: _____
Member of Club: _____ E-Mail: _____

Fees:

Signature _____

OFFICE USE ONLY

Date Joined: _____

Address 2: _____

Other: _____

Please return this application form with payment to; --

*Personal or company cheque (check) or Money Order
International Money Order (outside of Canada)*

Check or Money Order Payable to SCCA

**CAROLYN BRIGGS
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Stoney Creek, Ontario, L8G 1R9
Canada**