

# 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:

1. A subscription to the SCCA's Journal "PANORAMA".
2. Access to film and video competitions conducted by the SCCA.
3. News about worldwide competitions that I might enter.
4. Contact with other SCCA members across Canada and worldwide.
5. Access to the SCCA's library of Canadian and foreign amateur movies that have won awards.
6. Other video and film programs that the SCCA offers from time to time.
7. News of the SCCA's conventions and regional meetings, club information and the opportunity to participate.
8. Access to reliable technical and production information from the SCCA's experienced members.
9. 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.

**Membership Includes the Use of Music and SFX Licenced for SCCA Full Members.**

### **ANNUAL MEMBERSHIP FEES: Since June 1, 2018**

#### **Class "A" (voting)**

GROUP Membership (Clubs)	\$ 30.00 per year
INDIVIDUAL Membership	\$ 20.00 per year
FAMILY Membership	\$ 25.00 per year
LIFE Membership	\$ 600.00

<b>SUSTAINING</b> Membership (donation)	\$ 100.00 per year or more	(Tax receipts issued
<b>PATRON</b> of the SCCA (donation)	\$ 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		
<b>Special Donation to SCCA</b>	\$ ???	(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: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Member of Club: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Fees: \_\_\_\_\_ Signature \_\_\_\_\_

**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**  
**3 Wardrope Avenue**  
**Stoney Creek, ON L8G 1R9, Canada**