

# EPSOM MOVIE MAKERS

## MEMBERSHIP FORM

NAME  
ADDRESS:

DATE  
TELEPHONE:

E-mail:

POST CODE:

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### HELPFUL INFORMATION - PURELY VOLUNTARY

HOW DID YOU GET TO KNOW ABOUT US?

OCCUPATION

PAST EXPERIENCE WITH THIS OR ANY OTHER RELATED SUBJECT.

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YOUR EXPERIENCE AND KNOWLEDGE OF PRODUCTS MAY BE OF VALUE TO OTHER MEMBERS.

EQUIPMENT -

OTHER INTERESTS OR HOBBIES

ARE YOU LOOKING FOR ANY HELP OR ASSISTANCE RELATED TO THE HOBBY?

IF SO, WHAT IS THE NATURE OF THE PROBLEM?

DO YOU HAVE ANY SUGGESTIONS AS TO HOW THE SOCIETY MAY ENHANCE YOUR ENJOYMENT OF THE HOBBY?