

◆◆ APPLICATION FOR MEMBERSHIP ◆◆

Type of membership: 1. General

2. Associate

NAME _____
(As you would want your name on the card)

ADDRESS _____

_____ **Postcode:** _____

TELEPHONE Home: _____ Work: _____

Fax: _____ Mobile: _____

E-MAIL _____

MEDIA OUTLETS Please state frequency of reviewing (daily, weekly, monthly or other)

Print _____ Radio _____

TV _____ Other _____

For Associate Membership, course in which you are enrolled:

Nominated by: _____

For information about nomination, please contact one of the executive members listed below. Membership is subject to approval by the Forum committee according to the Articles of Incorporation.

Once membership has been approved, please send a passport photograph and \$70 (\$35 for Associate Members) for annual membership of the AUSTRALIAN FILM CRITICS ASSOCIATION Inc. to Greg King at the address below.

SIGNED: _____ **DATE:** _____

Chair: Peter Krausz
P.O Box 2025
St Kilda West 3182
9534-5531
krausz.peter.g@edumail.vic.gov.au

Secretary/Treasurer: Greg King
5 Phillip Street
Heathmont 3135
9870-1057
pjh@alphalink.com.au