



MEMBERSHIP FORM under 12s

Membership of Centre Screen is not required for admission, but membership meets the licensing requirement for proof of age for any age restricted films shown (12A, 15) and provides other benefits.

MEMBERSHIP IS FREE! Please complete this form to become members of the 'Centre Screen' cinema. Members get money off admission through our loyalty scheme and information about screenings and events.

Information supplied will be treated in strict confidence, not passed to any other organisations and only used for membership scheme purposes and to send you information about Centre Screen and events at the Rainhall Centre.

Please bring two small photographs when returning the membership form. (Alternatively, with parent's consent, we can take a suitable picture at the centre.)

Thank you.

Personal Details:

Name of young person:		Date of birth:	
Male / Female	Home telephone number:	Mobile number:	
Address:			
Post code:	E-mail address:		
Please tick box if you do not consent for your details to be used for marketing purposes by Centre Screen and the Rainhall Centre.			<input type="checkbox"/>

Ethnicity: (Please tick) Optional. This section is included to comply with our equal opportunities policy.

British	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Mixed White & Black Caribbean	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Asian Pakistani	<input type="checkbox"/>	Mixed White & Black African	<input type="checkbox"/>	Black African	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Asian Bangladeshi	<input type="checkbox"/>	Mixed White & Asian	<input type="checkbox"/>	Other	<input type="checkbox"/>
If 'other' please state:							

Declarations of Parent/Guardian certifying age and identity of young person:

<ul style="list-style-type: none"> • I consent to my child being photographed for the purpose of providing a membership record for Centre Screen • I certify that the above date of birth is correct • I acknowledge the need for responsible behaviour during membership of centre screen. • I agree to any necessary First Aid being administered and to my son/daughter receiving emergency medical treatment, as considered necessary by the medical authorities, should the need arise. <p>I (Parent/Guardian's signature) _____ agree to the above declarations and give permission for my son/daughter to be a member of 'Centre Screen'</p>

Please note, a parent or guardian will need to accompany children returning this form.

Please return to The Rainhall Centre, Rainhall Road, Barnoldswick. Tel 818250