



Sudbury Downtown Independent Cinema Co-operative- Charter Membership Form

On this the ____ day of _____ 20 ____, I hereby apply for a Founding Charter Membership with the Sudbury Downtown Independent Cinema Co-operative Corp. (SDICCC) at the cost of \$60 per adult individual.

As a Charter Member, I understand I will not be subject to an annual membership renewal fee. I will have voting privileges, and perks such as discounts on tickets. Participation and community support is key.

We appreciate your signing on as a Charter Member! As we require much start-up capital for this social endeavour, additional donations are very welcome.

PAYMENT METHOD: We can accept an EMAIL Transfer. Email address: development@SudburyIndieCinema.com

I understand that I will become a member only after Board approval of this membership application. Upon becoming a member, I agree to be bound by the bylaws and policies of the SDICCC, as amended from time to time.

The SDICCC respects your privacy. The personal information provided in this form will be used to communicate with you. **MUST BE COMPLETED IN FULL!**

Surname: _____ First name: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Telephone number: _____ E-mail address: _____

I understand that by signing this application form I am consenting to the collection of my personal information and to its use for stated purposes.

Signature: _____ Date: _____

Thank you so very much for making this dream a reality!! Please print a copy of this form and retain for your own record. You must also proceed with an EMAIL TRANSFER to complete your application.

(Checking this box indicates that you agree with the above information)