



## membership application form

Please fill out the form in BLOCK CAPITALS:

### PLEASE INDICATE WHICH MEMBERSHIP YOU ARE PURCHASING:

<input type="checkbox"/> Cineaste	£50.00
<input type="checkbox"/> Cineaste (Concessionary*)	£30.00
<input type="checkbox"/> Auteur	£700.00

\* Retired, registered disabled, unwaged & full-time student – Proof of status required

I am purchasing this membership for myself

I am purchasing this membership as a gift

### NAME(S) OF MEMBER

.....

### ADDRESS

.....

.....

.....

.....

### CONTACT NUMBER

.....

### EMAIL

.....

hmvcurzon will email you with our weekly films and events, plus special members' offers. If you do not want to be emailed, please tick here

### YOU CAN PAY BY CASH/CHEQUE/DEBIT CARD/ CREDIT CARD (Cheques made payable to Curzon Cinemas)

### NAME OF CARDHOLDER

.....

Mastercard - Maestro - Visa - AMEX card  
(delete as appropriate)

### CARD NUMBER

.....

Issue number (if applicable)  CSV No.

Start date  Expiry date

Please confirm you have read the terms and conditions on our website [www.hmvcurzon.com/membership](http://www.hmvcurzon.com/membership) or ask for a copy in person (your application will not be valid without ticking this box)

You can also join in person at any hmvcurzon cinema.

If you have any queries regarding membership please:  
Email: [membership@hmvcurzon.com](mailto:membership@hmvcurzon.com)  
Call: 020 7438 9549

Please hand this completed application form into any hmvcurzon cinema, e-mail to [membership@hmvcurzon.com](mailto:membership@hmvcurzon.com) or post to:

Membership Department  
Curzon Cinemas  
2nd Floor  
20-22 Stukeley Street  
London WC2B 5LR

Telephone: 020 7438 9549

### FOR OFFICE USE ONLY

Processed by

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Start Date

.....

New Membership Number

.....

Expiry Date

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