



MEDIA RESOURCE CENTRE

MEMBERSHIP FORM

13 MORPHETT ST ADELAIDE SA 5000
PH. (08) 8410 0979 FAX (08) 8410 1787
EMAIL info@mrc.org.au WEB www.mrc.org.au

First Name _____ **Last Name** _____

Address _____

Phone _____ **Mobile** _____

Email _____ **Web** _____

Date of Birth _____ **Male / Female** _____

I give permission for the MRC to give my email & ph. number to industry & MRC members for networking purposes

yes no

Type of Membership

Full (\$60)

New Member

Concession (\$45)

Renewing Member

Organisation (\$100)

If concession, what type _____ No. _____ Expiry date _____

Method of payment

Cheque

Cash

Money Order

Credit Card (Mastercard/Bankcard/Visa)

Card no. _____

Signature _____ Expiry date _____

Area of Practice

Film

Documentary

Animation / Games

Curation / Exhibition

Community Arts

Optional

Do you come from a non-English speaking background?

Yes / No

Are you of Aboriginal or Torres Strait Islander descent?

Yes / No

I agree that the above information is correct and I will abide by the rules of the MRC constitution

Signed _____ Date _____

PLEASE SEND THIS FORM WITH PAYMENT TO THE ADDRESS LISTED ABOVE. THANKYOU!

Three forms of ID (e.g. drivers licence and two other official documents with your address) are required before hiring equipment. All memberships are ratified by the MRC board. MRC observes a strict privacy policy and all information given will remain confidential unless otherwise stated above.

Office use

Received by _____ Invoice no. _____ Date _____

Card issued date _____