



MEMBERSHIP REGISTRATION FORM

Name: _____

Company Name . . : _____

Mailing Address . . : _____

Phone number(s) : (_____) - _____ - _____ (Work)

(_____) - _____ - _____ (Home)

(_____) - _____ - _____ (Cel)

E-mail: _____

I work primarily as a: [] Producer [] Director [] Writer

Other (please specify: _____

Date of remittance of dues: _____

Dues are currently \$50/calendar year.

Cheques, made payable to Victoria Film Producers Association (or VIFPA), may be given to Martin de Valk, Treasurer, or mailed to him at:

ViFPA
1105 Oscar Street
Victoria, BC
V8V 2X3