



BRITISH FEDERATION OF FILM SOCIETIES JOINING FORM 2009

UK FILM | COUNCIL

To help you complete this form please read the attached Guidance Notes.

Before returning the form, please ensure you have signed the declaration overleaf and included a cheque and supporting documents, where applicable.

→ Please circle the category you are applying for:

MEMBER	ASSOCIATE	AFFILIATE
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→ Please indicate where your organisation operates:

COMMUNITY	SCHOOL	UNIVERSITY/COLLEGE	OTHER
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→ Please nominate a main contact person for your organisation:

NAME OF ORGANISATION:	
MAIN VENUE:	VILLAGE/TOWN/CITY (VENUE):
CONTACT NAME:	CONTACT POSITION:
CONTACT ADDRESS:	
POSTCODE:	TELEPHONE:
EMAIL:	WEBSITE:

NATIONAL BLOCK BOOKING SCHEME - JOIN NOW!

Block Booking is a co-operative distribution scheme where a single film is passed efficiently along a chain of community exhibitors. Film bookers can choose from a wide selection of titles including shorts, documentaries, animations and features. The scheme provides an easy-to-use, friendly and efficient service that is dedicated to your needs. You can book an entire season or a single screening. All films are available on DVD. To find out which films are available go to www.bffs.org.uk or email info@bffs.org.uk

To join the National Block Booking Scheme tick here:

→ Please nominate a booking contact for the organisation:

CONTACT NAME:	CONTACT POSITION:
CONTACT ADDRESS:	
EMAIL:	POSTCODE:
TELEPHONE:	MOBILE:

PLEASE REFER TO GUIDANCE NOTES BEFORE RETURNING THIS FORM

DECLARATION

I confirm that this organisation is not-for-profit: Y / N
I enclose a cheque for £..... in support of the application (see Guidance Notes): Y / N
I enclose supporting documents in support of the application (see Guidance Notes): Y / N
I agree to abide by the terms and conditions of the National Block Booking Scheme: Y / N

Data Protection:

The Data Protection Act covers your name and contact details. We wish to hold this information in order to maintain our contact database. In addition, we are **obliged** to supply these details to the UK Film Council as a condition of our funding agreement with them. We may also wish to pass these details to carefully vetted third parties offering information or services of interest.

I give consent for the BFFS to pass my name and contact details to the UK Film Council: Y / N
I give consent for the BFFS to pass my name and contact details to other third parties: Y / N
I give consent for the BFFS to include the name (only) of my organisation on the BFFS website: Y / N

Main Contact Person

Signed: Date:
Position:

Block Booking Contact (*if different to above*)

Signed: Date:
Position:

PLEASE RETURN TO:

JOIN BFFS 2009, UNIT 315, THE WORKSTATION, 15 PATERNOSTER ROW, SHEFFIELD, S1 2BX