

APPLICATION FOR MEMBERSHIP - ESTATE

RE: _____ (professional name of the deceased)

CINEMATOGRAPHER EDITOR PRODUCTION DESIGNER COSTUME DESIGNER

DATE OF BIRTH _____ DATE OF DEATH _____

CONTACT DETAILS OF THE ESTATE

ADDRESS _____

POSTCODE _____

COUNTRY _____

EMAIL _____

PHONE _____

MOBILE _____

NOMINATED BANK ACCOUNT FOR THE RECEIPT OF PAYMENTS:

BANK _____

ACCOUNT NAME _____

SORT CODE _____

ACCOUNT NUMBER _____

REGISTRATION FEE

Screen Craft Rights charges of one-off registration fee of £35.

This will be deducted from the first payment.

I HEREBY APPLY TO BE AN ESTATE MEMBER OF **SCREEN CRAFT RIGHTS LTD**. I UNDERSTAND THAT AS A MEMBER I ACCEPT A MAXIMUM LIABILITY OF £1 IN RESPECT OF THE COMPANY.

SIGNED _____

DATE _____



Please return to:

SCREEN CRAFT RIGHTS
27 Orchard Road
Twickenham
Middx TW1 1LX

T 07861 411194

E info@screencraftright.org