

PLEASE PRINT IN CAPITAL LETTERS

1st Name

Last Name

Address

City

Postal Code

Tel. (B)

(H)

E-mail

New Member

Renewal

CHOICE

SERIES/NO. JOINING

EVENING

1<sup>st</sup>

2<sup>nd</sup>

3<sup>rd</sup>

INTERNATIONAL

Tuesday

\$65 X

Wednesday

Thursday

FRANÇAISE

\$65 X

Thursday  
only



Office use only

Date

Initials

Please specify choices. Your cheque and subscription form will be returned if the series you have chosen are sold out.

OTTAWA FILM SOCIETY  
59 Sparks St.  
P.O. Box 568, Strn. B  
Ottawa ON K1P 5P7