

MTR STUDIO 23 Membership Form

Your name:			
Date of Birth:			
Age Now			
Are you?	<input type="checkbox"/> Male	or	<input type="checkbox"/> Female
Your Address			
Home Telephone			
Mobile			
Email Address			
Name of School or College:			
What is your first language? (This helps us to select films)			
Do you have a disability that we can help cater for in the café? If so how:			
How Would You Describe Yourself? (From the choice below)			
<input type="checkbox"/> African	<input type="checkbox"/> Chinese		
<input type="checkbox"/> Any other Asian background	<input type="checkbox"/> Indian		
<input type="checkbox"/> Afro Caribbean	<input type="checkbox"/> Pakistani		
<input type="checkbox"/> Any other mixed background	<input type="checkbox"/> White and Asian		
<input type="checkbox"/> Any other white background	<input type="checkbox"/> White and Black African		
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> White and Black Caribbean		
<input type="checkbox"/> Caribbean	<input type="checkbox"/> White British		
	<input type="checkbox"/> White Irish		
if none of the above please specify here:			

Data on this form will be kept on a computer database. This will be treated as confidential and protected under the council's data act.

Some of this information may be kept on a computer database. From time to time we may send you information on things that might interest you.

Please tick this box if you do not want to receive any information from us in the future.

Please tick this box if you do not want to receive any text messages from us in the future.

Please use the space below to make any comments

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