

Membership Form

Welcome to Addis Cinema, if you want to be a member of this exquisite cinema, please print out the form and complete it; you could also send it by mail at this info@addiscinema.com or you can drop the form at our office in person. For more information, contact us.

First Name: _____

Middle Name: _____

Last Name: _____

Gender: _____

Date of birth: _____

Telephone: _____

Email: _____

For how long would you like the membership:

- ☐ 3 month
- ☐ 6 month
- ☐ 12 month

I would like the membership to include:

- ☐ Exclusive seats
- ☐ A plus one movie ticket with exclusive seats
- ☐ Weekly information update with a plus one movie ticket and exclusive seats

Note that, the type of membership will have price variation.

Any additional requests can be described below:

You can pay using:

PayPal

Visa

MasterCard

American Express

Date

Signature

Please print out the Membership form.