

MEMBERSHIP APPLICATION and TERMS AGREEMENT	
Name:	Phone: ()
Address:	Secondary phone: ()
	E-mail:
City/State:	Zip code:
Driver's License #:	License State:
Please enclose a photocopy of your license or ID enlarged 150%-200%	
Credit Card #:	Exp. date: / (MM/YY)
Card type: VISA/MASTERCARD/OTHER	
<p>I agree to accept full responsibility and liability for all video tapes, DVDs, and/or other media and equipment rented. I understand that damaged, lost or stolen items will be assessed at replacement cost, and late returns will be assessed one week's charges for each full or partial week delinquent. I also agree to rewind all tapes. (Failure to promptly return leased property may result in criminal prosecution).</p>	
Signature:	Date:
For Institutional Members: Continue below and include ID copies for all additional users.	
Institution name:	
I, the above signed, authorize the following people to use my membership:	
1.	4.
2.	5.
3.	6.
Return this form to: Video Judaica PMB 123 677 120th Ave NE Suite 2A Bellevue, WA 98005 Or e-mail to: info@videojudaica.com Call (206) 478-0505 with questions	<u>Membership Fees</u> Individual: \$25 one-time donation Institutional: \$50 one-time donation Plus \$3 per tape per week donation In the case of a one time use, the \$25 or \$50 is held as a refundable security deposit, and the rental donation goes to \$5/item per week. Checks made payable to Suckerman Video Collection.