



BECTU SCRIPT REGISTRATION SERVICE

**Pre-Registration Form
to be completed for all scripts**

Date:

SECTION A: Member Information

Member's Name.....

Member's Full Address.....

.....

.....**Post Code**.....

Telephone No:.....**Fax No:**.....

E-mail:.....

BECTU Membership No (please note scripts will only be accepted from fully paid up members of the union):

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SECTION B: Script Information

Title:.....

Brief Description (e.g. script, storyboard, proposal).....

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BECTU INTERNAL USE ONLY

Date Registered:..... **Initials of registering official**.....