



The BIG Film Challenge Application Form

Westport Credit Union Member Number: _____

Group Name: _____

How Many Members: _____

Group Location: _____

Optional Comments To Support Your Submission:

Group Contact: _____

Telephone: _____

Email: _____

Please sign & date your submission to authorise Westport Credit Union to use any content you provide for marketing purposes through its various media channels. You also confirm that you have obtained consent from each person appearing within the video for their image to appear on all Westport Credit Union marketing channels.

Date: _____

Signature: _____