JACOB BURNS FILM CENTER

JOIN/RENEW

O GIVE A GIFT MEMBERSHIP

Include your name &	address under h	'ayment Infor	mation.
Please select a cat	egory:	***************************************	•••••
2 yrs gets you 2 extra	months FREE!		
Individual Senior:	O 1 yr \$80	O 2 yrs	\$160
Individual:	O 1 yr \$100	Q 2 yrs	\$200
Dual Senior:	O 1 yr \$140	O 2 yrs	
Dual:	O 1 yr \$155	O 2 yrs	
Film Buff:	O 1 yr \$220	O 2 yrs	
Film Sponsor:	O 1 yr \$410	O 2 yrs	
Film Enthusiast:	O 1 yr \$800	O 2 yrs	\$1,600
MEMBERSHIP INFO	RMATION		
MEMBERSHIP (OR GIFT RECIPII	ENT) NAME FOR CA	RD	
ADDRESS			
CITY	S	ГАТЕ	ZIP
TELEPHONE			
E-MAIL			
O Require second card	(for dual membe	ership's)	
O Interested in Family F	riendly program	nming)	
GIFT MEMBERSHIP MESSAGE	OR REFER A FRIEND	NAME:	
Gift memberships are sent	to recipient unless	Membership [Dept. is contacted
PAYMENT INFORMA	ATION		
New Membership/Renewal	\$		
JBFC Program Fund Donati			
Help further our nonprofit mission		\$	
	TOTAL	\$	
• Attached is my check	navable to lace	oh Rurns Film	Center
O I will use my credit ca payments via credit card credit card, purchase or	rd at the box of d and should not b	ice. CVV code se noted on a f	s are required for form. To pay by
NAME			
BILLING ADDRESS			
TELEPHONE			