

JBFC

JACOB BURNS FILM CENTER

PREVIEW CLUB

July–December 2019 Season

Priority Purchase through Wed., June 5

Skip this form! Visit burnsfilmcenter.org/previewclub to order Preview Club online.

YOU DO NOT NEED TO COMPLETE THIS FORM IF YOU SUBSCRIBE ONLINE.

FILM SPONSORS, FILM ENTHUSIASTS & SILVER SCREEN CIRCLE Members

I would like to subscribe to the *JBFC Preview Club* July–December 2019 season (please select **ONE**)

MONDAYS

_____ (Option A) **SIX-month series–Mondays 7:15 pm:** July 8, Aug. 5, Sept. 16, Oct. 14, Nov. 18, Dec. 9

_____ (Option B) **3-month-ODD–Mondays 7:15 pm:** July 8, Sept. 16, Nov. 18

_____ (Option C) **3-month-EVEN–Mondays 7:15 pm:** Aug. 5, Oct. 14, Dec. 9

TUESDAYS

_____ (Option D) **SIX-month series–Tuesdays 7:15 pm:** July 9, Aug. 6, Sept. 17, Oct. 15, Nov. 19, Dec. 10

_____ (Option E) **3-month-ODD–Tuesdays 7:15 pm:** July 9, Sept. 17, Nov. 19

_____ (Option F) **3-month-EVEN–Tuesdays 7:15 pm:** Aug. 6, Oct. 15, Dec. 10

Name _____

Address/City/State/Zip _____

Phone _____ Email _____

JBFC Membership level: _____ # of seats (max **TWO**): _____

TOTAL FEE: (6-month series @ \$120 per person, or 3-month series @ \$60 per person): \$ _____

PAYMENT METHOD:

_____ Enclosed is my check **OR** Please charge my: _____ MC _____ Visa _____ Amex
(payable to Jacob Burns Film Center)

Credit Card Number: _____ Exp. date: _____

Cardholder Name: _____ Signature: _____

Please respond ASAP, no later than the end of the day Wednesday, June 5. We cannot guarantee a seat for you after that date! And, if your film center membership expires soon, **don't forget to renew!**

★ **PLEASE CHOOSE
ONE METHOD ONLY**

Online at burnsfilmcenter.org

OR Mail form to: JBFC Preview Club, P.O. Box 378, Pleasantville, NY 10570

For Office Use Only:

Date Received: _____