

JOIN/RENEW

- JOIN** the JBFC
- UPGRADE** membership
- RENEW** membership
- GIVE A GIFT MEMBERSHIP**

Include your name & address under Payment Information.

Please select a category:

2 yrs gets you 2 extra months FREE!

- | | | |
|-------------------------|-----------------------------|-------------------------------------|
| Student: | <input type="radio"/> \$50 | <input type="radio"/> 2 yrs \$100 |
| Senior: | <input type="radio"/> \$70 | <input type="radio"/> 2 yrs \$140 |
| Individual: | <input type="radio"/> \$85 | <input type="radio"/> 2 yrs \$170 |
| Dual Senior: | <input type="radio"/> \$120 | <input type="radio"/> 2 yrs \$240 |
| Dual: | <input type="radio"/> \$135 | <input type="radio"/> 2 yrs \$270 |
| Film Buff: | <input type="radio"/> \$195 | <input type="radio"/> 2 yrs \$390 |
| Film Sponsor: | <input type="radio"/> \$375 | <input type="radio"/> 2 yrs \$750 |
| Film Enthusiast: | <input type="radio"/> \$750 | <input type="radio"/> 2 yrs \$1,500 |

MEMBERSHIP INFORMATION

MEMBER NAME AND NUMBER (IF AVAILABLE)

MEMBERSHIP (OR GIFT RECIPIENT) NAME FOR CARD

ADDRESS

CITY

STATE

ZIP

TELEPHONE

E-MAIL

- Require second card (for dual memberships)

GIFT MEMBERSHIP MESSAGE OR REFER A FRIEND NAME:

Gift memberships are sent to recipient unless Membership Dept. is contacted

PAYMENT INFORMATION

New Membership/Renewal Total \$ _____

JBFC Program Fund Donation \$ _____
Help further our nonprofit mission

TOTAL \$ _____

- Enclosed is my check payable to Jacob Burns Film Center
- Charge my: MasterCard Visa American Express

CARD NUMBER

EXP. DATE

SIGNATURE

CARDHOLDER (PAYOR) NAME

BILLING ADDRESS

TELEPHONE

Mail to: JBFC Membership, PO Box 378, Pleasantville, NY 10570

Thank you for your vital support! Please enclose a matching gift form, if applicable. (*Memberships are non-refundable*)

Web 4/20