

Yes, I/we want to join the Film Society

- \$100** Ticketholder
- \$500** Supporting Player
- \$1,000** Leading Actor/Actress
- \$2,500** Screenwriter

Total Amount Enclosed

\$ _____

2 Payment Plan Option

\$ _____ *by 12/31/11*

\$ _____ *by 6/30/12*

Exact name of the individual/
company/foundation to appear on all
recognition and donor listings:

- *I am not a member of the FIA, please enroll me in the FREE 6-month trial FIA Family membership.

Contact Information

Name

Address

City

State

Zip

Phone

Email

Method of Payment

- Check payable to "FIA Film Society"
- VISA MasterCard American Express

Account #

Exp. Date

Signature

Please return this form by 11/1/11 to FIA Film Society, 1120 E Kearsley St, Flint MI 48503