



Become a member or renew your annual membership now.

Joining or renewing for two years gives you two additional months Free!

- JOIN Rivertown Film
- RENEW your membership
- UPGRADE your membership
- GIVE A GIFT membership

Please select a category:

- Individual \$60. 2 yrs \$120
- Dual \$100. 2 yrs \$200

Get two additional months free when you join for two years.

Become a Rivertown Film Friend by making an additional contribution:

- Film Director \$250
- Film Producer \$500
- Film Star \$1,000
- Other \$ _____



See great films as they were meant to be seen—on the big screen in 35mm at the Riverspace Arts in Nyack.

MEMBERSHIP INFORMATION

Name(s) _____
Please print clearly

Address _____

Town, State, Zip _____

Phone _____

E-mail _____
Be sure to give us your e-mail address so you can receive our e-newsletter

THIS IS A GIFT MEMBERSHIP
Please provide the recipient's information above.

HELP US SPREAD THE WORD.

Fill in the name and contact information of someone you think might be interested in becoming a member of Rivertown Film. If they join, you'll both receive a free ticket to a Wednesday Night Movie.

Name(s) _____
Please print clearly

Address _____

Town, State, Zip _____

Phone _____

E-mail _____

PAYMENT INFORMATION

New membership/renewal total \$ _____

Gift membership total \$ _____

Additional contribution \$ _____

Total \$ _____

Enclosed is my check payable to Rivertown Film
Send in the reply envelope provided or mail to Rivertown Film, 58 Depew Avenue, Nyack, NY 10960.
For more information call 845-353-2568

Charge to my

- Visa MasterCard Discover Card

CARD NUMBER

EXPIRATION DATE

SIGNATURE

CARD HOLDER (PAYOR) NAME

BILLING ADDRESS

TELEPHONE

Donations are tax deductible to the extent allowed by law.

Members can get discounts at Rivertown Film Partner businesses.
(Check our website – www.rivertownfilm.org – for a complete list of partners)

Please fill in additional membership or gift membership information below

ADDITIONAL MEMBERSHIP INFORMATION

Name(s) _____
Please print clearly

Address _____

Town, State, Zip _____

Phone _____

E-mail _____

GIFT MEMBERSHIP INFORMATION

Name(s) _____
Please print clearly

Address _____

Town, State, Zip _____

Phone _____

E-mail _____

Rivertown Film annual sponsors:

