

# BRYN MAWR **FILM INSTITUTE**

**Print and mail this form to join or renew by mail. Your membership card(s) will be mailed to you.**

\_\_\_\_\_ **JOIN**

I'd like to join Bryn Mawr Film Institute.

I understand the membership is good for one year from date of issue.

\_\_\_\_\_ **RENEW**

I'd like to renew my current membership for another year.

Name \_\_\_\_\_

Street \_\_\_\_\_

Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_ (Important for updates)

Membership level \_\_\_\_\_

School affiliation (student membership only) \_\_\_\_\_

\$ \_\_\_\_\_ Membership dues

\$ \_\_\_\_\_ Extra gift to Bryn Mawr Film Institute

\$ \_\_\_\_\_ Total amount enclosed

\_\_\_ My check, payable to "Bryn Mawr Film Institute" or "BMFI," is enclosed.

Please charge my: \_\_\_ MasterCard \_\_\_ Visa \_\_\_ American Express \_\_\_ Discover

Credit Card No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ (Necessary for credit card authorization)

**Please mail your completed application and payment to:**

Bryn Mawr Film Institute

P.O. Box 1058

Bryn Mawr, PA 19010



Bryn Mawr Hospital is a proud membership sponsor of the Bryn Mawr Film Institute.