**2020-2021 MIAMI FILM SOCIETY Membership Registration**

*Membership expires* ***one year from date*** *of application, unless otherwise indicated, and includes one Miami Film Festival and one GEMS Festival. After completing this form, please email to:* [*membership@miamifilmfestival.com*](mailto:membership@miamifilmfestival.com)*.*

**MEMBERSHIP LEVEL and OPTIONS**

\_\_Platinum Fast Pass (Dual)……. $ 3,500

Visionary (Dual)………………………. $ 1,500

\_\_\_ Option 1

\_\_\_ Option 2

\_\_\_ Option 3

Cinephile (Dual)……………………... $ 750

\_\_\_ Option 1

\_\_\_ Option 2

\_\_\_ Option 3

Connoisseur (Dual)…………………. $ 350

\_\_\_ Option 1

\_\_\_ Option2

\_\_\_ Option 3

CineClub (Single)….………………….. $ 150

\_\_\_ Option 1

\_\_\_ Option 2

\_\_\_ Option 3

\_\_Platinum Fast Pass (Single)….. $ 2,500

Visionary (Single)……………….........$ 1,000

\_\_\_ Option 1

\_\_\_ Option 2

\_\_\_ Option 3

Cinephile (Single)………………....... $ 550

\_\_\_ Option 1

\_\_\_ Option 2

\_\_\_ Option 3

Connoisseur (Single)……………….. $ 225

\_\_\_ Option 1

\_\_\_ Option 2

\_\_\_ Option 3

Aficionado (Single)…………………. $ 100

\_\_\_ Option 1

\_\_\_ Option 2

\_\_\_ Option 3

Additional Gift………………………… $ \_\_\_\_\_\_

**Membership fees are nonrefundable. A portion of dues and additional gift are tax deductible.**

**MEMBER INFORMATION**

Name (Single Membership) \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Name (Dual Membership) \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Your e-mail address is confidential and will not be shared with any public entity).*

**METHOD OF PAYMENT**

\_\_Enclosed is my check **(payable to MIAMI DADE COLLEGE) –OR-**

\_\_Visa \_\_\_MasterCard \_\_American Express \_\_\_Discovery

***Note: Payment contribution on your credit card statement will appear as Miami Dade College Foundation.***

Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration\_\_\_\_\_\_\_\_ CVV Code \_\_\_\_\_\_

Cardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip\_\_\_\_\_\_\_

Signature of Cardholder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions? Call the Miami Film Society Membership Office**

**e-mail** [**membership@miamifilmfestival.com**](mailto:membership@miamifilmfestival.com) **or call 305-237-7979**

**Other Ways to Become a Member:**

mail: Miami Film Society 300 NE 2nd Ave Miami, FL 33132