

**MEMBERSHIP FORM—VIRGINIA FILM SOCIETY**  
**2007-2008 Season**

NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Please enroll me as a Member of the Virginia Film Society in the following category (if enrolling more than one person, please indicate number of memberships requested on the line following the appropriate category):**

\$50 Student \_\_\_\_\_       \$50 Senior \_\_\_\_\_

\$60 Regular \_\_\_\_\_

SUBTOTAL \_\_\_\_\_

Tax deductible donation to the Virginia Film Festival \_\_\_\_\_

Total \_\_\_\_\_

**Method of Payment (check one):**

Enclosed is my check for \_\_\_\_\_ payable to UVA—Virginia Film Festival.

Please bill my       Visa       Mastercard

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

**Return to:**

**Virginia Film Society—Membership**  
**PO Box 400869**  
**Charlottesville, VA 22904**