



MEMBERSHIP FORM – 2019

Note: Multiple members of the same household may complete one application.

Membership guarantees you prepaid seat at a lower price per show than general admission. Even if you miss a couple shows it's still a bargain for what's provided. In addition, remember that you are supporting our non-profit film society; promoting the best in the cinematic arts to our community! See the web site for further guidelines.

THIS IS A 'FILLABLE' PDF FORM. **ADOBE ACROBAT READER** allows one to type on the form by opening the file; then clicking on "Tools"; then click on "Fill and Sign". When done it can be printed, saved, and or mailed.

- After completing, it may then be printed
- Mailed with a check to address below
- Emailed to magick-lantern@att.net.
- If you wish to pay by credit card online please click on "pay now button".
(a service fee of \$3.75 per member will be applied)

For each household member please provide:

Last Name	First Name	Email	Phone
Last Name	First Name	Email	Phone
Last Name	First Name	Email	Phone
Last Name	First Name	Email	Phone

Calculate the number of months remaining until the last show of the season. Multiply this sum by \$10.00. The total will be your annual Membership Dues. Or you may use the table below that shows the date AFTER each movie show. (Example: If you are filling out the form on March 24th 2020, pick \$30.00 from the square below the Mar 21st date).

Membership Dues _____ for the remaining year per person X _____ (# of persons) = \$ _____ Total.
A service fee of \$3.75 for each member applying for membership by credit card.

Membership Dues may be pro-rated if you join on or after the dates below:

Aug	Sept 21	Oct 19	Nov 16	Dec 14	Jan 18	Feb 22	Mar 21	Apr 18	May 16
\$100.00	\$90.00	\$80.00	\$70.00	\$60.00	\$50.00	\$40.00	\$30.00	\$20.00	\$10.00

FORM OF PAYMENT:

check or cash, make check payable to: "Magick Lantern" credit card: (\$3.75 service fee per person)

If you do NOT wish to pay by credit card online, you may pay by credit card by mail and/or emailing along with mailing your application, please provide your information below:

Visa MC # _____ exp: ____ / ____ cvv: _____

Join the "Patron's Circle!"

For those who have the ability above and beyond the regular dues -- to help our non-profit foster the cinematic arts in our community, please consider an additional, tax-deductible donation: \$ _____ and add it to your payment.



Mail Checks & Form to
115 Buena Vista Ave, Pt Richmond, CA 94801

For Assistance
Call (510) 232-2559
Email: magick-lantern@att.net