

**GENE SISKEL FILM CENTER
MEMBERSHIP APPLICATION**



Yes! I would like to purchase a Gene Siskel Film Center membership at the following level:

Individual

Dual

Member Name

Dual Member Name

Member Mailing Address

Dual Member Mailing Address

City/State/Zip

City/State/Zip

Phone (must be provided for credit card purchases)

Phone

Email address (your e-newsletter will be sent here)

Email address

Please check the option that applies: I am joining for the first time. I am a returning Film Center member.

I would like to receive Film Center information in the following format: Electronic Mail Both

One of the following discounts may apply:

- If you are a current member of the Art Institute, please enclose a copy of your membership card and take \$5 off.
- If you are a senior, 65 years or older, please enclose proof of your age and take \$5 off.

(Double discounts do not apply.)

Please check one:

Individual \$50.00 \$ _____

or

Dual \$80.00 \$ _____

Art Institute member discount (\$5)

(\$45 for Individual or \$75 for Dual)

\$ _____

or

Senior Discount (\$5)

(\$45 for Individual or \$75 for Dual)

\$ _____

I would like to make a tax deductible contribution to the Film Center:

\$ _____

Total: \$ _____

Five convenient ways to join:

- Join online! Visit: www.siskelfilmcenter.org to get started.
- Call 312.846.2600
Mon. – Fri. 9:00 am to 5:00 pm
- Visit the box office
Mon. – Fri. after 5:00 pm or
Sat. & Sun. after 2:00 pm.
- Mail this form to:
Gene Siskel Film Center
164 N. State St.
Chicago, IL 60601

PAYMENT INFORMATION

My check is enclosed. (Please make checks payable to the GENE SISKEL FILM CENTER.)

or

Please charge the total to my (check one): Visa MasterCard American Express

Name as it appears on card

Card Number

Exp. Date

Signature of cardholder

For more information about the Gene Siskel Film Center visit www.siskelfilmcenter.org