



# Groton Film Society

P.O. Box 374, Groton, MA 01450  
978-448-0178  
GROTONFILMSOCIETY.ORG

## Membership Application

The Groton Film Society is a Massachusetts nonprofit corporation. Please return completed form with a check payable to: Groton Film Society. *Thank you for your support!*

- New member**                       **Returning member**

Membership fees in the Groton Film Society are based on number of screenings attended, not on calendar time. Admissions can be used for any screening, for partner or guests, and they never expire. Rates for three-, six-, and twelve-screening memberships are as follows:

- |  | <i>three</i> | <i>six</i> | <i>twelve</i> |
|--|--------------|------------|---------------|
| <input type="checkbox"/> <b>Adult</b>                | \$ 40        | \$ 72      | \$ 120        |
| <input type="checkbox"/> <b>Senior</b>               | \$ 32        | \$ 57      | \$ 96         |
| o Age 65 and over                                    |              |            |               |
| <input type="checkbox"/> <b>Founding</b>             | \$1,000      |            |               |
| o Lifetime membership                                |              |            |               |
| o Unlimited attendance                               |              |            |               |
| o Unlimited guest privileges                         |              |            |               |
| o Input into film selection                          |              |            |               |
| o Name listed on GFS Web site                        |              |            |               |
| o Free admission and recognition at annual reception |              |            |               |

*For office use only*

Date \_\_\_\_\_

Amount paid \_\_\_\_\_

Chk.# \_\_\_\_\_

Category \_\_\_\_\_

All levels entitle members to free admission to all film screenings and lecture / discussions, and to the receptions before and/or after screenings. We will show approximately 8 films per year on a monthly basis, except December, January, July, and August.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Partner name (opt.)

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Partner email (opt.)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

- I'm interested in volunteering**