

# 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

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 10% 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 \$45.00 \$ \_\_\_\_\_

*or*

Dual \$75.00 \$ \_\_\_\_\_

**Art Institute member discount (10%)**  
(\$40.50 for Individual or \$67.50 for Dual)

\$ \_\_\_\_\_

*or*

**Senior Discount (\$5)**  
(\$40 for Individual or \$70 for Dual)

\$ \_\_\_\_\_

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

\$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

## 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](http://www.siskelfilmcenter.org).

**Four convenient ways to join:**

- Call 312.846.2600  
Mon. – Fri. 9:00 am to 5:00 pm
- Fax this form to 312.332.5859
- Visit the box office  
Mon. – Fri. after 5:00 pm or Sat. & Sun. after 2:00 pm.
- Mail this form in the business reply envelope provided.