



Cinema Rhode Island™

Membership

(please print out this form and mail to the address below:)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Telephone: _____ Fax: _____ e-mail: _____

Membership Categories:

- GOODWILL MEMBERSHIP - Individual: \$25/Partner: \$40
- FRIEND MEMBERSHIP - Individual: \$50/Partner: \$75
- PATRON MEMBERSHIP - Individual: \$100/Partner: \$175
- BENEFACTOR MEMBERSHIP - Individual: \$500/Partner: \$750
- GOLD ANNUAL MEMBERSHIP - Individual: \$2,500/ Partner:\$5,000
- PLATINUM LIFETIME MEMBERSHIP: \$25,000

I would also like to contribute to the continued success of the Rhode Island International Film Festival. \$ _____

Total Enclosed: \$ _____

- Credit card orders can be faxed to (401) 861-4422 •

Method of payment (check one):

___ Check ___ Money Order ___ Visa ___ Discover ___ MasterCard ___ American Express

Credit Card Number: _____

Exp. Date: _____

Name on Card: _____

Signature: _____

Make check or money order (U.S. dollars) payable to the "RIIFF." Send payment to

Cinema Rhode Island™

P.O. Box 162

Newport, RI 02840 USA