

# Membership Form



**Our core philosophy: A) Provide intriguing, entertaining, and superior quality films that audiences will otherwise not see in Miami-Dade County, B) insure that prices are accessible for the broadest possible audience, C) transform Miami-Dade by creating a cultural beacon that offers films of interest to all demographics.**

- \_\_\_\_\_ **\$50 Movie Fan**
- \_\_\_\_\_ **\$80 Movie Fan + Friend**
  
- \_\_\_\_\_ **\$200 Film Buff**
- \_\_\_\_\_ **\$320 Film Buff + Friend**
  
- \_\_\_\_\_ **\$500 Cinephile**
- \_\_\_\_\_ **\$800 Cinephile + Friend**
  
- \_\_\_\_\_ **\$1,000 Persistence of Vision Society**
- \_\_\_\_\_ **\$1,500 Persistence of Vision Society + Friend**

## Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	
Credit card type	
Credit card number	
Expiration date	Code:
Authorized signature	

## Acknowledgement Information

Please use the following name(s) in all acknowledgements:

\_\_\_\_ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks payable to: **O Cinema**

Mail to: **O Cinema Membership**  
**90 NW 29th St.**  
**Miami FL, 33127**