



Membership Form

I would like to: buy a new / renew an Avalon membership for myself / as a gift.

Membership Level:

___ Supporting Actor Single: \$90

___ Star Single: \$300

___ Supporting Actor Couple: \$140

___ Star Couple: \$500

___ Actor Single: \$170

___ Director Single: \$1,000

___ Actor Couple: \$270

___ Director Couple: \$1,500

In addition to my membership purchase, I would like to make an additional donation of \$___

Please print the following information clearly:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Please sign me up for the Avalon's email newsletter,

Please include a check payable to **The Avalon Theatre Project** for the total amount of your membership and donation (if applicable) with this form and mail to:

Avalon Theatre Project
5612 Connecticut Ave NW
Washington, DC 20015

Thank you for supporting Washington, DC's only nonprofit film center.

Contact Robin Fender with any membership-related questions at rfender@theavalon.org or (202) 966-2149.

*The Avalon Theatre Project is a 501(c)(3) nonprofit organization.
Membership donations are tax deductible less the fair market value of the benefits provided.*