

# Crandell

SMALL TOWN. BIG MOVIES.

## MEMBERSHIP APPLICATION

Please place a checkmark next to the member category you wish to join and complete the information below.

### FRIEND

1 Year: Single \$45 \_\_\_\_\_ Dual \$80 \_\_\_\_\_

3 Years: Single \$120 \_\_\_\_\_ Dual \$210 \_\_\_\_\_

### SUPPORTER

1 Year: Single \$80 \_\_\_\_\_ Dual \$150 \_\_\_\_\_

3 Years: Single \$215 \_\_\_\_\_ Dual \$410 \_\_\_\_\_

### SUSTAINER

1 Year: Single \$150 \_\_\_\_\_ Dual \$280 \_\_\_\_\_

3 Years: Single \$400 \_\_\_\_\_ Dual \$780 \_\_\_\_\_

Date \_\_\_\_\_  New Member  Renewing Member

Name(s) (put both names if a Dual Membership) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email(s) \_\_\_\_\_

Enclosed is my check for \$ \_\_\_\_\_ (payable to Crandell Theatre)

Enclosed is my additional donation of \$ \_\_\_\_\_

Application can be mailed to:  
Crandell Theatre PO Box 305, Chatham, NY 12037