



MEMBERSHIP FORM ALL MEMBERSHIPS ARE INDIVIDUAL AND NON-TRANSFERABLE

Please use this secure form to become a member. Your address and email information will be used only for Ashland Independent Film Festival communications. This information will never be released to other parties.

If you are giving a gift membership enter the recipient’s information as the member information and your information in the billing information. The recipient will automatically receive notification of their gift membership via email. For custom delivery please call the AIFF Office at 541.488.3823 to place your gift membership order.

1. Membership Type Individual Two Individuals Gift Membership

2. Membership Level Friend \$85 Indie \$145 Cine \$275 Fan \$395 Director \$575
 Producer \$1,200 Executive Producer \$2,750 Benefactor \$6,000+

3. Member Information (Please print)

First Name(s)	
Last Name(s)	
Street Address	
City, State, ZIP	
Home Phone	
Email	

A confirmation email will be sent to this email address.

4. Payment Method

Credit Card Check (Please make payable to AIFF)

Credit Card Number	
Expiration	
CVV Code	

5. Cardholder Information (Please print)

Same as Member Information

First Name(s)	
Last Name(s)	
Street Address	
City, State, ZIP	
Home Phone	
Email	

Payment receipt will be sent to this email address.

6. Payment Information

Membership Total	
Additional Tax Deductible Donation (THANK YOU!)	
Total Due	

Please mail the completed form and payment to: AIFF | PO Box 218 | Ashland, OR 97520