



MEMBERSHIP REGISTRATION

MEMBERSHIP LEVELS & ANNUAL DUES

INDIVIDUAL • \$85

- Low-cost access to digital video/film/audio equipment, editing facilities & still cameras
- Discounts on classes, workshops & events
- Eligibility for IFP MN funding programs
- IFP MN e-Flash newsletter
- Vendor discounts

INDIVIDUAL DARKROOM • \$105

- Individual member benefits
- Low-cost access to black & white photo darkroom, equipment & chemistry

STUDENT & SENIOR • \$55

- Individual benefits w/restrictions for students*
- *(Students: include ID copy and documentation of full-time enrollment with registration)*

STUDENT & SENIOR DARKROOM • \$75

- Individual/Darkroom benefits w/restrictions for students*
- *(Students: include ID copy and documentation of full-time enrollment with registration)*

SUPPORTER • \$50

- Discounts on classes, workshops & events
- IFP MN e-Flash newsletter
- Vendor discounts
- McKnight Screenwriting Fellowship elig.

2-PERSON HOUSEHOLD • \$150

- Individual benefits

2-PERSON HOUSEHOLD DARKROOM • \$190

- Individual/Darkroom benefits

OUT-OF-TOWN • \$55

- Individual benefits
- *(Home/business must be located at least 100 miles outside the Twin Cities)*

OUT-OF-TOWN DARKROOM • \$75

- Individual/Darkroom benefits
- *(Home/business must be located at least 100 miles outside the Twin Cities)*

**Note: full-time students are ineligible for IFP MN funding programs.*

Contact Mara Winke at 651.644.1912 for information on Corporate Membership.

Please indicate your membership preference above. FFI: 651.644.1912/www.ifpmn.org
Send to: IFP Minnesota Center for Media Arts • 2446 University Ave. W., Suite 100 • St. Paul, MN 55114
Or fax to: 651.644.5708 (Visa/MasterCard payment only)

TODAY'S DATE _____

NAME _____ COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP/POSTAL CODE _____

DAY PHONE () - _____ EVE PHONE () - _____ CELL () - _____

E-MAIL _____ DRIVER'S LICENSE # _____ STATE _____
 (N/A FOR SUPPORTER)

MEMBERSHIP STATUS _____ NEW _____ RENEWING

ENCLOSED IS A CHECK FOR \$ _____

PLEASE CHARGE \$ _____ TO MY VISA / MASTERCARD

ACCT. # _____ EXPIRATION DATE _____

NAME AS IT APPEARS ON CARD _____

SIGNATURE _____

HOW DID YOU HEAR ABOUT IFP MN? _____

OPTIONAL (IFP MN and its funders appreciate your providing the following information for tracking member demographics):

ETHNICITY _____ GENDER M / F AGE _____

Date rec'd:	Charge processed:	Member card sent:
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