



“FRIENDS OF FILM” Membership Program

Imagine the Buzz . . .

if you brought the world to your doorstep and generously shared it with a college student or senior citizen.

Imagine the Talk . . .

if you invested in a “clean” industry that economically and culturally enhances our entire community.

Imagine the Fun . . .

if you were rewarded for indulging your love of the movies and encouraging other cinephiles to do the same!

The Tallahassee Film Festival is proud to announce the creation of its Membership Program, “Friends of Film”. Friends of Film offers three membership levels with up-to-the-minute Film Festival news and additional benefits you’ll enjoy year-round while meeting other members who share your love of motion pictures. The funds from Friends of Film will be used to strengthen the annual Festival and attract more cutting-edge films.

LEVEL	CONTRIBUTION	BENEFITS
Extra	\$25	<ul style="list-style-type: none"> • Membership Card • 10% Discount on all TFF Tickets and Merchandise • Monthly Newsletter
Walk-on	\$50	<ul style="list-style-type: none"> • Membership Card • 25% Discount on all TFF Tickets and Merchandise • Monthly Newsletter
Cast Member	\$150	<ul style="list-style-type: none"> • One FREE All-Access Festival Screening Pass • One FREE TFF T-Shirt • Membership Card • 25% Discount on all TFF Tickets and Merchandise • Monthly Newsletter



Yes—count me in! I want to be a member of the Tallahassee Film Festival.

Please complete the form below and mail to: 300 W. Pensacola St Suite 118C, Tallahassee, FL 32301



Name _____ I've chosen to join as Extra (\$25 level) Best Boy (\$50) Walk-on (\$150)

Address _____

Phone _____ Email address _____

I'd like to provide additional support for the Festival. I've included a donation in the amount of: _____

I'm interested in volunteering/helping out. Please have someone contact me.

I'm joining because I am An Avid Weekend Movie-goer A Film Student An Aspiring Filmmaker A Film Industry Professional
 An Engaged Community Member A Business / Economic Development Leader

Signature/Date* _____

*I understand that my membership benefits are in effect until December 31st of the following year.