# American Cinematheque Purchase Form

**AMERICAN CINEMATHEQUE at the EGYPTIAN THEATRE**

**For Film Schedule & Membership Info. see: www.americancinematheque.com**

**Ticket & Membership Purchase Form**

- **American Cinematheque Membership Number**
- **Send Membership Information**
- **Send Volunteer Information**
- **Partner Organization Membership Number**

(For presenting organizations will be listed on our materials and/or materials distributed by the co-presenting organization.)

Complete the form below and mail to:
**Ticket Orders, American Cinematheque, 6712 Hollywood Blvd., LA, CA, 90028**

## First Name  Middle Name  Last Name

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**Company Name** (if this is not a home address)

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**Street Address** (example: 6712 Hollywood Blvd.)

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**City**  **State**  **Zip Code**

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**Office Phone # or Cell Phone**

(Your ticket order will be confirmed by telephone)

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**Home Phone/Message Phone Number**

- Please send e-mail newsletter
- Please send printed calendar in the mail

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**E-Mail Address**

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### Film Title | Date | Time | $7 | $9 | $11 | $1 | Total $
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**Membership:**

- **$55** (<br>Student/Sr.<br>Individual)<br>
- **$65** (<br>Individual)<br>
- **$125** (<br>Dual)<br>
- **$175** (<br>Partner)<br>
- **$350** (<br>Contrib. Support)<br>
- **$600** (<br>Sustain)<br>
- **$1200** (<br>Support)<br>
- **$2500** (<br>Corp.)

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**Grand Total**

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**Credit Card #**  **Exp. Date:**  **Name on Card**  **Visa**  **MC**