



**kalamazoo film
society**

KFS Membership Form ~ 2024

January – December annual membership per individual:

\$10

Date _____

Name _____

Email address _____

Postal address _____

City, State, ZIP _____

Please remit payment with completed form to:

Kalamazoo Film Society
PO Box 51655
Kalamazoo MI 49005-1655

www.kalfilmsociety.net