

The Friends of Indian Music and Dance

University of Vermont
c/o Area & International Studies
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Name: _____
Up to two names may be entered for each membership. Please print clearly!

Address: _____

City/Town State/Province Postal Code

Telephone: _____

E-mail: _____

I would like to volunteer with the FIMD. (Your Name: _____)

Membership Options

Membership	Amount	Benefits
Student Friend	\$15	Member discounts at events; must be enrolled in an educational institution.
Friend	\$25-\$49	Member discounts at events
Contributor	\$50-\$99	Above, plus 1 CD of your choice
Supporter	\$100-\$249	Above, plus 1 pair of complimentary tickets to FIMD event* of your choice
Patron	\$250+	Pair of complimentary tickets to all FIMD events* of the current season, choice of two CDs, and invitation to artist receptions when held
Corporate Sponsor	\$500+	Above, plus inclusion of your logo and ad in program notes for all FIMD events* of the season, and in our marketing materials.

* Excluding events held at the Flynn Theater.

Membership Amount: \$ _____ Date: _____

I work for a firm that provides matching funds. Firm: _____

☞ Please make your check payable to the *Friends of Indian Music and Dance* (or *FIMD*).

☞ The FIMD is a non-profit 501.(c)(3) organization, and your membership fee may be tax deductible.

Thank you for your generous support!

F I M D M E M B E R S H I P F O R M