

THE MOVEMENT CENTER
"The Power of Spirit through the Practice of Yoga"

2009 Membership Enrollment

Name _____
Address _____

Home Phone (10 digits) _____
Work Phone (10 digits) _____
E-mail _____
Birthday _____ Participant since _____

SELECT LEVEL

- Participant** (no annual fee, pay as you go for programs and class cards)
 Basic Member (\$50 annual fee, 10% discount on programs and class cards))
 Supporting Member (\$600 annual fee)
 12 monthly payments of \$50 (due the first of each month)
 4 quarterly payments of \$150 (due January 1, April 1, July 1, and October 1)
 1 payment of \$600 for the entire calendar year
 I would like to apply for work-study or a scholarship; please contact me
 Sustaining Member (\$2,500 annual fee)
 12 monthly payments of \$208 (due the first of each month)
 4 quarterly payments of \$625 (due January 1, April 1, July 1, and October 1)
 1 payment of \$2,500 for the entire calendar year
 Donation Pledge—I would like to provide extra support to The Movement Center
 \$ _____ monthly quarterly one-time
 In support of scholarships core fund other (_____)

METHOD OF PAYMENT

- Cash Check MasterCard or Visa
 Set up automatic credit card payments for me

Account No. _____
Expiration Date / CVV (3 digit code above signature on card) _____

PLEASE SIGN HERE

Signature _____ Date _____

Return this form to:

The Movement Center, Attn: Patty Slote, PO Box 13310, Portland, OR 97212, 503-231-0383
Or fax it to 503-236-9878