

MAY 1 - JUNE 30

JOIN OR RENEW YOUR MEMBERSHIP

Scan here
to join or
renew now!



RIGHT NOW, AS A MEMBER, YOU'LL GET...

- **Discounted or free tickets at every visit**—and free admission to a regular showing during your birthday month
- **Access to Member Free Popcorn Days** and other member-only specials, all year round
- **Advanced tickets** to select screenings and special events, 15% off RRT merch, and more
- **PLUS, FOR A LIMITED TIME ONLY:**
Get free movie and popcorn passes if you join or renew between May 1 and June 30!

SPRING MEMBERSHIP CAMPAIGN

YOU'RE OUR BUTTER HALF



SPRING MEMBER SPECIALS

MAY - JUNE 2026

SPRING MEMBERSHIP CAMPAIGN

May 1 — June 30

Become a member or renew in May or June, and receive **complimentary movie and popcorn passes!**



JOIN OR RENEW TODAY

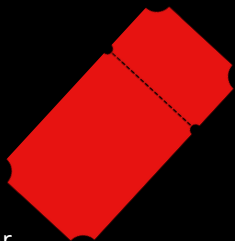
Scan QR code or go to
[BIT.LY/REDRIVERMEMBERSHIP](https://bit.ly/redrivermembership)

\$5 MEMBER MONDAYS

May — June

Members enjoy \$5 tickets to all regular movies on Mondays in May and June (matinees & evenings).

Excludes special events. Regular pricing applies for non-members.



MEMBER **FREE** POPCORN FRIDAYS

May — June

Red River Members can get a free medium popcorn every Friday in May and June!



MAMMA MIA! SING-ALONG

Tuesday, May 19 at 7:00pm

Step into the sun-soaked world of *Mamma Mia!* Come early to enjoy a complimentary wine tasting before the screening. Costumes encouraged!

Get tickets at redrivertheatres.org

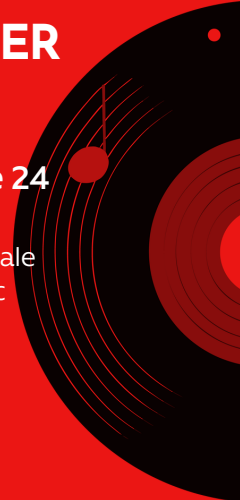
\$10 Members / \$15 General Admission



MUSIC, MOVIE, & POSTER SALE - EARLY ACCESS

Members Only: Wednesday, June 24

Red River Members can shop our annual sale one day early before it opens to the public during the Market Days Festival! Browse hidden gems and rediscover old favorites. More details to come.



VIEW SHOWTIMES + GET TICKETS AT [REDRIVERTHEATRES.ORG](https://redrivertheatres.org)

SPRING MEMBER SPECIALS

MAY – JUNE 2026

SPRING MEMBERSHIP CAMPAIGN

May 1 — June 30

OF FREE MOVIE + POPCORN PASSES
RECEIVED WITH EACH MEMBERSHIP LEVEL

MEMBERSHIP LEVEL	# OF MOVIE PASSES	# OF POPCORN PASSES
SENIOR	1	1
STUDENT	1	1
MILITARY	1	1
INDIVIDUAL	1	1
SENIOR DUAL	2	2
DUAL	2	2
FAMILY	4	4
GRIP	7	12
SUPPORTING ACTOR	12	Free popcorn at each visit
LEADING ACTOR	14	Free popcorn at each visit



HOW WILL I RECEIVE MY PASSES?

For your convenience, your movie and popcorn passes will be **mailed directly to you** by the end of the campaign period.

For Gift Memberships, passes will be sent to the gift recipient unless requested otherwise at the time of purchase.

WHAT DO MOVIE PASSES AND POPCORN PASSES PROVIDE?

A **movie pass** provides FREE admission to a regular film at Red River Theatres (*not valid for special events*).

A **popcorn pass** may be redeemed for a FREE medium popcorn at the Indie Cafe.

Join or Renew Your Membership

Mail to: 11 S Main St, Ste L1-1, Concord, NH 03301



THIS IS A: ☐ **New Membership**
☐ **Renewal**

SELECT YOUR MEMBERSHIP LEVEL

- ☐ **Senior (62+)**..... \$60
☐ **Student**..... \$60
☐ **Military**.....\$60
☐ **Individual**..... \$80
☐ **Senior Dual**..... \$110
☐ **Dual**..... \$150
☐ **Family ***..... \$200
☐ **Grip**..... \$300
☐ **Supporting Actor**..... \$600
☐ **Leading Actor ***..... \$1,200

*Membership includes up to 4 individuals.

☐ **YES!** I would like to make
an additional donation of \$ _____

**TOTAL
CONTRIBUTION:**

Membership Fee \$ _____

Additional Gift \$ _____

Total \$ _____

PAYMENT INFORMATION

- ☐ **Cash**
☐ **Check** enclosed, payable to **Red River Theatres**
☐ Please charge my **credit card**:

☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX

Credit Card # _____

Exp Date ____ / ____ CVV # *(Required)* _____

Name on Card _____

Signature _____

Date _____

MEMBER INFORMATION

Member 1

First Name _____ Birthday /

Last Name _____

Email _____

Member 2

First Name _____ Birthday /

Last Name _____

Email _____

Phone 1

☐ Cell
☐ Home
☐ Work

Phone 2

☐ Cell
☐ Home
☐ Work

Address

City _____ State _____ Zip _____

For Family and Leading Actor Memberships only.

ADDITIONAL MEMBERS: Please provide full names and
birthdays (MM/DD) of additional members below.

BDAY /

BDAY /

NOTES/ADDITIONAL INFORMATION:

Questions? Contact us:

membership@redrivertheatres.org
603-224-4697 ext. 103

Red River Theatres is a 501(c)(3) nonprofit organization. Membership contributions are tax-deductible to the extent allowable to the specific purchaser by law, less the fair market value of any goods or services provided. Red River recommends that members consult with their tax advisor for definitive tax guidance. For questions about Red River memberships, please contact membership@redrivertheatres.org.

For internal use by Red River Theatres Staff only.

Date Received ____ / ____ / ____

Received by _____

Please record additional
notes/details on back of form.

Gift A Membership

11 S Main St, Ste L1-1, Concord, NH 03301 • Tel: 603.224.4697 x 103



Select the Membership Level

- ☐ Senior (62+)..... \$60
- ☐ Student..... \$60
- ☐ Military\$60
- ☐ Individual \$80
- ☐ Senior Dual \$110
- ☐ Dual \$150
- ☐ Family * \$200
- ☐ Grip..... \$300
- ☐ Supporting Actor \$600
- ☐ Leading Actor * \$1,200

*Membership includes up to 4 individuals.

Gift Details

Please select your gift notification preference below and provide a gift message, if desired.

Please mail Gift Membership materials to:

- ☐ Gift Recipient
- ☐ Purchaser

Gift Message (Optional):

Purchaser Information

First Name

Last Name

Email

Phone

Address

CityStateZip

For internal use by Red River Theatres Staff only.

Date ReceivedReceived by

Gift Membership Certificate provided to Purchaser at time of purchase:
☐ NO ☐ YES

Additional Information / Notes section on back.

Recipient Information

Member 1

First NameBirthday

Last Name

Email

Member 2

First NameBirthday

Last Name

Email

Phone

- ☐ Cell
- ☐ Home
- ☐ Work

Address

CityStateZip

For Family and Leading Actor Memberships only.

ADDITIONAL MEMBERS: Please provide full names and birthdays (MM/DD) of additional members below.

BDAY

BDAY

Notes/Additional Information:

Payment Information

- ☐ Cash
- ☐ Check enclosed, payable to Red River Theatres
- ☐ Please charge my credit card:

- ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX

Credit Card #

Exp DateCVV # (Required)

Name on Card

SignatureDate

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