



www.CineTechMediaProfessionals.org

## MEMBERSHIP APPLICATION

Membership effective for one year upon receipt of application and check Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell/Other Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

### Type of Media Professional:

- |   |   |
|---|---|
| <input type="checkbox"/> Videographer     | <input type="checkbox"/> On Camera Talent |
| <input type="checkbox"/> Producer         | <input type="checkbox"/> Writer           |
| <input type="checkbox"/> Director         | <input type="checkbox"/> Editor/Audio     |
| <input type="checkbox"/> Lighting         | <input type="checkbox"/> Editor/Video     |
| <input type="checkbox"/> Voiceover Talent | <input type="checkbox"/> Other: _____     |

Send this form, with a check in the amount of (indicate):

- \$90.00 for 1 year's Individual membership**
- \$45.00 for 1 year's Student membership** (include copy of Student ID)

Payable to: **CineTech Media Professionals**

Mail to:

Liz de Nesnera, Treasurer,  
PO Box 34 – Olivebridge NY 12461

FOR OFFICE USE ONLY: Check No. \_\_\_\_\_ Received \_\_\_\_\_ by \_\_\_\_\_

NOTE: Dues and most other payments to CineTech Media Professionals are generally deductible as a business expense. Consult your accountant or financial advisor to discuss your individual situation.