



www.mca-inj.org

MEMBERSHIP APPLICATION

Membership effective for one year upon receipt of application and check

Date: _____

Name: _____

Title: _____

Company/Organization: _____

Address: _____

Department/Mail Code/etc.: _____

City: _____ State: _____ Zip: _____ - _____

Business Phone: _____ Ext: _____

Cell/Other Phone: _____ Ext: _____

Email: _____

Website: _____

Send two copies of this form
with check in the amount of **\$90.00 for 1 year's dues**
Payable to **MCA-I**

Mail to:
Marilyn Avery, Treasurer,
1681 Yorktowne Blvd. Toms River, NJ 08753

FOR OFFICE USE ONLY:

Member No. _____ 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.