



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, Co-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.