

OFFICE USE ONLY:
 REGISTER DATE: _____
 PAID BY: _____
 AMOUNT: _____

CREATIVE MEDIA ALLIANCE OF COLORADO
 POST OFFICE BOX 62399 / COLORADO SPRINGS, CO 80962
APPLICATION FOR MEMBERSHIP

OFFICE USE ONLY:
 MEMBER NUMBER: _____
 MEMBER TYPE: _____
 RENEW DATE: _____

NAME (LAST) _____ (FIRST) _____ (MI) _____
 PLEASE PRINT LEGIBLY
 COMPANY / ORGANIZATION : _____ (AGE) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ REFERRED BY: _____

PHONE: _____ CELL: _____ *AFFILIATION: _____

EMAIL: _____ WEB SITE: _____

<p>LISTING CATEGORY / SERVICES OFFERED:</p> <p>PRIMARY CATEGORY: _____</p> <p>PRIMARY POSITION: _____</p> <p>YEARS EXPERIENCE: _____ UNION / GUILD AFFILIATION: _____</p> <p>COMMENTS: _____ <small>USE REVERSE IF NECESSARY</small></p> <p>CMAC PARTICIPATION ABILITY AND/OR INTEREST:</p> <p><input type="checkbox"/> ADVISORY BOARD <input type="checkbox"/> ORGANIZATIONAL <input type="checkbox"/> COMMITTEES <input type="checkbox"/> FUND RAISING <input type="checkbox"/> FINANCIAL <input type="checkbox"/> IN-KIND CONTRIBUTION <input type="checkbox"/> COMMUNITY OUTREACH <input type="checkbox"/> PROMOTION <input type="checkbox"/> SPECIAL PROJECTS <input type="checkbox"/> MENTORING <input type="checkbox"/> OTHER:</p>	<p>MEMBERSHIP TYPE AND ANNUAL DUES: [ONE-TIME APPLICATION FEE OF \$25]</p> <p>LM <input type="checkbox"/> LIFETIME MEMBERSHIPS / \$500 - \$1,750 (INDIVIDUAL LEVEL AND HIGHER) BP= 50 BG <input type="checkbox"/> CORPORATE / BUSINESS GROUP / INCLUDES FIVE MEMBERS / \$350 (*AF/PO \$300) BP= 35 OR <input type="checkbox"/> NON-PROFITS / INCLUDES FIVE STAFF MEMBERS / \$250 (RECIPROCITY CONSIDERED) BP= 25 PR <input type="checkbox"/> PROFESSIONAL / INDEPENDENT BUSINESS PERSON / \$125 (*AF/PO \$100) BP= 15 NP <input type="checkbox"/> INDIVIDUAL / NON-PROFESSIONAL MEMBER LISTING / \$100 (*AF/PO \$75) BP= 10 SC <input type="checkbox"/> STUDENT / COLLEGE OR VOCATIONAL / \$50 (FULL-TIME STUDENT / ID REQUIRED) BP= 5 SH <input type="checkbox"/> STUDENT / JR.HIGH OR HIGH SCHOOL / \$25 (FULL-TIME STUDENT / ID REQUIRED) BP= 5</p> <p><input type="checkbox"/> CMAC BONUS POINTS PROGRAM / REFERRALS AND FUNCTION PARTICIPATION FREE <small>[USE TOWARD EVENT FEES / MAX 100 PER YEAR / MAXIMUM USE PER EVENT 50% OF FEE]</small></p> <p><input type="checkbox"/> AFFILIATE* / PARTNER ORGANIZATION* / (CONFIRMATION AND RECIPROCITY) DISCOUNTED <input type="checkbox"/> SPONSORSHIP OPPORTUNITIES AND FRIENDS OF CMAC / REQUEST DETAILS</p>
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CMAC membership is renewed annually unless cancelled. Dues are billed at time of renewal. If for any reason I must cancel my membership, I will notify CMAC in writing, and will be responsible for any dues balance up to the date my cancellation letter is received by CMAC, and understand that prepaid membership dues are non-refundable. I also certify that the information submitted is accurate, and agree to uphold and support the mission, goals and objectives of the Creative Media Alliance of Colorado.

PARENT'S SIGNATURE REQUIRED FOR MINORS

SIGNATURE: _____ DATE: _____

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