



MEMBERSHIP FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

MEMBERSHIP LEVEL: _____ STUDENT MEMBER: \$20 _____ INDIE SPIRIT MEMBER: \$50

_____ MAVERICK MEMBER: \$150 _____ AUTEUR MEMBER: \$250

_____ DIRECTOR MEMBER: \$575 _____ PRODUCER MEMBER: \$1,200

_____ EXECUTIVE PRODUCER: \$2,500 _____ STUDIO HEAD: \$5,000

PAYMENT METHOD: CHECK CREDIT CARD

CHECK # _____ AMOUNT \$ _____ DATE: _____

TOTAL AMOUNT \$ _____ MASTERCARD/VISA: _____

CARD # _____ EXP DATE: _____

NAME ON CARD: _____

SIGNATURE: _____ DATE: _____

TRANSACTION DATE: _____

PROCESSED BY: _____ MEMBERSHIP NUMBER: _____