

**MEMBERSHIP APPLICATION
PA FILM INDUSTRY ASSOCIATION**

1231 Highland Avenue • Fort Washington, PA 19034
Phone: 215-628-0277 • Fax: 215-628-9839 • E-mail: PaFIA@barrpino.com

ABOUT YOU

*Name _____ Title: _____ Email: _____

Company: _____

Address: _____

City, State, Zip: _____ County: _____

Daytime Phone: _____ Fax: _____

Email Address: _____

Website: _____

ABOUT YOUR BUSINESS

Business Category: _____
(Production, Post-production, Crew, Support Services, Talent, Student)

How did you first learn about PaFIA? _____

Please print or type a short description of your business, to be listed on the website Member Directory:

ANNUAL MEMBERSHIP DUES

_____ **JOIN** or _____ **RENEW**

Students \$20 _____

Friends \$35 _____

Professionals (Individual) \$50 _____

Professionals (Corporate)* \$500 _____

METHOD OF PAYMENT – pick one option below (online, mail, phone/fax at top)

[] Check enclosed (payable to PaFIA)

{ } Credit Card ___ Visa ___ Mastercard ___ Amex ___ Discover

Today's Date: _____

Account Number: _____ Exp. Date: _____

Name of Cardholder: _____

Billing Address for Credit Card: _____

Signature: _____

***Corporate Membership includes up to ten members. Please send list of up to ten members (include name, address, phone number and email address) on a separate list along with this form. Email to hseok@pafia.org**

___ Yes or ___ No PaFIA can list my name or company name on the website Membership Directory for public view.

___ Check if you are interested in volunteering to make phone calls on behalf of PaFIA and assist at Membership events.

Portion of your membership dues will apply toward Lobbying efforts.