



CORPORATE MEMBERSHIP FORM

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Date: _____

Main Contact: _____

Company: _____

Address: _____

City, State, Zip: _____ County: _____

Cell Phone: _____ Email: _____

Website: _____ Twitter Handle: _____

ABOUT YOUR BUSINESS

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

How did you first learn about PaFIA? _____

ANNUAL MEMBERSHIP DUES *(Your membership will expire next year, on the last day of the month you joined.)*

Corporate Membership: \$500 JOIN or RENEW

Corporate Membership includes up to 10 members, including the main contact. Please list them below.

1. Name: _____ Email: _____ Phone: _____

2. Name: _____ Email: _____ Phone: _____

3. Name: _____ Email: _____ Phone: _____

4. Name: _____ Email: _____ Phone: _____

5. Name: _____ Email: _____ Phone: _____

6. Name: _____ Email: _____ Phone: _____

7. Name: _____ Email: _____ Phone: _____

8. Name: _____ Email: _____ Phone: _____

9. Name: _____ Email: _____ Phone: _____

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

Check enclosed (payable to PaFIA) Credit Card: Visa MasterCard Discover AmEx

Credit Card Number: _____ Exp. Date: _____ CVV: _____

Name of Cardholder: _____

Billing Address for Credit Card: _____

Signature: _____

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

I'm interested in volunteering to make membership event phone calls on behalf of PaFIA. Yes No

PaFIA estimates that 38 percent of your membership dues are allocable to lobbying activities of PaFIA, and therefore are not deductible for income tax purposes.