

MEDIA EDUCATORS ASSOCIATION

Box 3950, Grand Central Station, New York, NY 10163
212-439-1144 http://www.satmornfilmfest.org

Application for Membership 2011-2012

Saturday Morning Film Festival

Please print clearly!

Name _____

Address/Apt. _____

City/St/Zip _____

Phone # () _____

E-mail address _____

This section must be completed for discount as an educator:

Job Description _____

School/Business _____

Address _____

City/St/Zip _____

Phone # () _____

Former Member

New Member

Please read carefully and sign below:

Referred By _____

- * - To qualify for membership as an EDUCATOR applicant must currently be employed in a professional educational capacity by a teaching institution (application must carry embossed institutional seal), or a retired teacher with at least 10 years experience.
- NON-EDUCATOR memberships are available for spouses of members, media professionals and people in the arts.
- MEMBERSHIP CARDS ARE NON-TRANSFERABLE.
- Guest passes are available for purchase as a card good for four (4) admissions. These may be purchased by members only, but are transferable.
- A \$5.00 fee will be charged for replacement of a lost membership card. Lost guest passes cannot be replaced.
- Smoking is prohibited in the theater.
- The director may terminate any membership at any time by refunding the unused portion of the membership fee in exchange for the membership card.

I understand the terms and conditions of membership and that misuse will result in termination of membership without refund.

Signature _____ Date _____

Applications will not be accepted unless they are signed, properly completed and accompanied by check or money order.

* This is to certify that the applicant is currently employed in a professional educational capacity by this teaching institution, or is a retired teacher formerly employed at this institution. *(Ignore if joining as a NON-EDUCATOR)*

Signature of Authorized Agent _____

Title _____ Date _____

**EMBOSSED
INSTITUTIONAL
SEAL**

Please check appropriate selection:

	<i>EDUCATOR</i>	<i>NON-EDUCATOR</i>
YEAR (Sept. - May)	_____ \$325	_____ \$345
FALL (Sept.- Dec.)	_____ \$180	_____ \$195

**Mail completed application with check or money order to:
Media Educators Association, Box 3950,
Grand Central Station, New York, NY 10163-3950**

FOR OFFICE USE ONLY

DATE _____

CHECK _____ CASH _____

W/ _____

_____ E _____ NE _____

Yr. _____ Fall _____ Spr. _____