MEDIA FINANCIAL MANAGEMENT ASSOCIATION
550 W. Frontage Road, Ste. 3600 • Northfield, IL 60093 •
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serving media financial professionals

MEMBERSHIP APPLICATION

First Name **Initial** **Last Name** **Nickname**

Organization/Call Letters **Title/Position**

Address **City/State** **Zip**

Phone No. **Fax No.** **Email**

Education level: BA BS MBA CPA CFM CMA JDS PhD **Sex:** __Male __Female

M/D/Y of Birth:_____ What is your professional level? __Entry (1-3 yrs) __Mid (4-9 yrs) __ Senior (10+ yrs)

Year of entry in the broadcast/cable industry? _____ Year of entry in your current position?_____

MEMBERSHIP TYPE

___ Industry Member	$395		$_____
___ 2nd at standalone location*	$290 (1 per member)		$_____
___ 3rd and subsequent members at standalone location*	$195 ea.	#_____	$_____
	Total	**#_____**	**$_____**

___Associate Member (Media sales rep. firms, accounting firms, brokerage, insurance, law firms, software vendors, collections, etc.)	$445		$_____
___2nd at standalone location *	$325 (1 per member)		$_____
___3rd and subsequent members at standalone location*	$220 ea	#_____	$_____
___Academic/Associations	$195		$_____
___Student, Full-time only	$100		$_____
___Retired Member	$100		$_____
	Total	**#_____**	**$_____**

*This rate only applies to individual newspaper, television or radio locations. It includes neither network locations nor corporate headquarters.
** Note: Contributions or gifts to MFM are not deductible as charitable contributions for federal income tax purposes. However, dues payments are deductible by members as ordinary and necessary business expense

_____ **Please send information about the Broadcast Cable Credit Association (BCCA).**

I was referred to MFM by _____
(Please include name & company)

Payment Type: ___Check ____Visa ____MasterCard ____Amex ____Discover

Card Number _____Exp. Date_____ Security Code_____

Signature _____
(Checks should be made payable in US Dollars to Media Financial Management Association
We will not invoice you. FEIN: 13-1984011)