



**MEDIA FINANCIAL MANAGEMENT ASSOCIATION**  
 550 W. Frontage Road, Ste. 3600 • Northfield, IL 60093 •  
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## 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 media industry?** \_\_\_\_\_ **Year of entry in your current position?** \_\_\_\_\_

### MEMBERSHIP TYPE

___ Industry Member	\$425	\$ _____
___ 2 <sup>nd</sup> at standalone location*	\$315 (1 per member)	\$ _____
___ 3 <sup>rd</sup> and subsequent members at standalone location*	\$250 ea. # _____	\$ _____
	<b>Total</b>	<b># _____ \$ _____</b>

___ Associate Member (Media sales rep. firms, accounting firms, brokerage, insurance, law firms, software vendors, collections, etc.)	\$475	\$ _____
___ 2 <sup>nd</sup> at standalone location *	\$355 (1 per member)	\$ _____
___ 3 <sup>rd</sup> and subsequent members at standalone location*	\$295 ea # _____	\$ _____
___ Academic/Associations	\$195	\$ _____
___ Student, Full-time only	\$100	\$ _____
___ Retired Member	\$100	\$ _____
	<b>Total</b>	<b># _____ \$ _____</b>

\*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 BCCA, the media industry's credit association.**

**I was referred to MFM by** \_\_\_\_\_  
 (Please include name & company)

<b>Payment Type:</b> ___Check    ___Visa    ___MasterCard    ___Amex    ___Discover
<b>Card Number</b> _____ <b>Exp. Date</b> _____ <b>Security Code</b> _____
<b>Signature</b> _____ (Checks should be made payable in US Dollars to Media Financial Management Association We will not invoice you. FEIN: 13-1984011)