



new ___ renewal ___ discounts ___ referred by _____

MEMBERSHIP to May 2010 FORM

Membership indicates agreement with our mission and principles of cooperation. We model our professional organization on the spirit of collaboration, resolving conflict and building mutual support.

Tell us about your filmmaking experience to-date and ways you're willing to support other filmmaking members:

Projects I've written, directed and/or produced: _____

Pre-production experience: _____

Production experience: _____

Post-production experience: _____

What I can offer others: _____

What I need right now: _____

PLEASE PRINT

NAME _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

HOME & CELL phones _____

EMAIL/ WEBSITE addresses _____

Membership Types

Your membership donation is tax-deductible and non-refundable.

___ General \$50, due each May

(Prorated rate available for new members joining after October 31.)

___ High School Student \$25

\$_____ I include an additional donation for creating the FoFVA Filmmaker Professional Development Fund

I understand FoFVA is run by members' volunteering in small and big ways. I will help by donating :Please circle A) 3-4 hours a month this year, or B) for specific projects; in the following areas:

___ Membership ___ Fundraising ___ Organizational Tasks to help FoFVA or the Studio
___ Marketing ___ Workshops/Programs ___ Other _____

I'd really like to _____

Make checks payable to: THE HARWOOD ART CENTER, Tag memo line: Friends of Film, Video and Arts

OR pay by credit card. Please circle the CC:

MC or Visa Charge Account: _____ Expiration Date: _____

Mail completed form and payment to:

Friends of Film, Video and Arts c/o Taking Care of Business LLC, 428 Louisiana Blvd. SE #A3 Albuquerque, NM 87108
Visit: www.filmvideoarts.org for member benefits, programs and events. PH (505) 620-1889 or 897-2101

Signature _____

Date _____