



MEMBERSHIP to August 2011 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. Also, we appreciate productions made with 2 or more FoFVA members including FoFVA name and logo in their thank yous and/or credits.

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: _____

My Production experience includes: _____

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, *(Prorated rate available for new members joining the last half of member term)*
___ High School Student \$25

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

FoFVA requires members to volunteer a minimum of 10 hours a year for the organization . The more hours donated = more perks, and love for you. PLEASE TAKE the INITIATIVE TO HELP. And Check with our "casting department".

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

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

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) 897-2101

Signature _____ **Date** _____