

# Media Educators Association

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

# Saturday Morning Film Festival



## Application for Membership 2015-2016

*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 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 \_\_\_\_\_

EMBOSSSED  
 INSTITUTIONAL  
 SEAL

**Please check appropriate selection:**

	EDUCATOR	NON-EDUCATOR
YEAR (Sept. - May)	_____ \$350	_____ \$370
FALL (Sept.- Dec.)	_____ \$195	_____ \$210

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

FOR OFFICE USE ONLY

DATE \_\_\_\_\_

CHECK \_\_\_\_\_ CASH \_\_\_\_\_

W/ \_\_\_\_\_

# \_\_\_\_\_ E \_\_\_\_\_ NE \_\_\_\_\_

Yr. \_\_\_\_\_ Fall \_\_\_\_\_ Spr. \_\_\_\_\_