



MEMBERSHIP APPLICATION

MEMBERSHIP REQUIREMENTS:

ALL MEMBERSHIP CATEGORIES ARE CORPORATE EXCEPT FOR THE INDIVIDUAL MEMBERSHIP CATEGORY. IF YOU HAVE ANY QUESTION ABOUT YOUR MEMBERSHIP CATEGORY PLEASE CONTACT US.

CATEGORIES (PLEASE SELECT ONLY ONE CATEGORY)

CHECK	COMPANY TYPE	ANNUAL DUES
MARKETING AND COMMUNICATIONS COMPANIES (BY REVENUE)*		
<input type="checkbox"/>	\$0 - \$2.5 MILLION	\$1,500
<input type="checkbox"/>	\$2.5 - \$5.5 MILLION	\$2,500
<input type="checkbox"/>	\$5.5 - \$10 MILLION	\$5,000
<input type="checkbox"/>	\$10 - \$20 MILLION	\$8,000
<input type="checkbox"/>	\$20+ MILLION	\$11,000
<input type="checkbox"/>	DIGITAL COMPANIES	\$4,000
<input type="checkbox"/>	MAGAZINES	\$4,000
<input type="checkbox"/>	NEWSPAPERS	\$4,000
<input type="checkbox"/>	PRODUCTION/POST PRODUCTION COMPANIES	\$3,000
<input type="checkbox"/>	RESEARCH COMPANIES	\$3,000
<input type="checkbox"/>	RADIO NETWORKS	\$11,000
<input type="checkbox"/>	TV NETWORKS	\$25,000
<input type="checkbox"/>	CABLE NETWORKS	\$6,000
<input type="checkbox"/>	INDIVIDUALS	\$1,000
<input type="checkbox"/>	CLIENTS	\$3,000

*THIS CATEGORY INCLUDES: ADVERTISING AGENCIES, PR AGENCIES, STRATEGIC CONSULTANTS, EVENT COMPANIES, MEDIA BUYING COMPANIES, CREATIVE & MEDIA BOUTIQUES.

COMPANY PROFILE:

AGENCY/COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

DATE FOUNDED: _____ WEBSITE: _____

OWNERSHIP/COMPANY AFFILIATION: _____

PERCENTAGE MINORITY OWNED: ____% PARENT COMPANY (IF ANY): ____%

PREVIOUS YEAR CAPITALIZED BILLINGS: ____ (IF APPLICABLE) TOTAL NUMBER OF EMPLOYEES: ____



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PRIMARY CONTACT (VOTING REPRESENTATIVE):

NAME: _____
TITLE: _____
E-MAIL: _____

SERVICES OFFERED:

ADVERTISING CREATIVE DIRECT EVENTS/EXPERIENTIAL INTERACTIVE MEDIA PROMOTIONS PUBLIC RELATIONS

OTHER: _____

KEY PERSONNEL:

1. NAME: _____ TITLE: _____ EMAIL: _____
2. NAME: _____ TITLE: _____ EMAIL: _____
3. NAME: _____ TITLE: _____ EMAIL: _____
4. NAME: _____ TITLE: _____ EMAIL: _____
5. NAME: _____ TITLE: _____ EMAIL: _____
6. NAME: _____ TITLE: _____ EMAIL: _____
7. NAME: _____ TITLE: _____ EMAIL: _____
8. NAME: _____ TITLE: _____ EMAIL: _____
9. NAME: _____ TITLE: _____ EMAIL: _____
10. NAME: _____ TITLE: _____ EMAIL: _____

OTHER OFFICE LOCATIONS:

1. CITY: _____ STATE: _____ EMAIL: _____
CONTACT: _____ PHONE: _____
2. CITY: _____ STATE: _____ EMAIL: _____
CONTACT: _____ PHONE: _____
3. CITY: _____ STATE: _____ EMAIL: _____
CONTACT: _____ PHONE: _____

MAJOR ACCOUNTS (IF APPLICABLE):

1. _____ CLIENT SINCE: _____
2. _____ CLIENT SINCE: _____
3. _____ CLIENT SINCE: _____
4. _____ CLIENT SINCE: _____
5. _____ CLIENT SINCE: _____
6. _____ CLIENT SINCE: _____
7. _____ CLIENT SINCE: _____
8. _____ CLIENT SINCE: _____
9. _____ CLIENT SINCE: _____
10. _____ CLIENT SINCE: _____



MEMBERSHIP APPLICATION

METHOD OF PAYMENT:

CHECK CREDIT CARD: AMERICAN EXPRESS MASTERCARD VISA

ACCOUNT NUMBER: _____

NAME ON CREDIT CARD: _____ EXPIRATION DATE: _____

PAYMENTS TO CULTURE MARKETING COUNCIL ARE NOT TAX DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR FEDERAL INCOME TAX PURPOSES. HOWEVER, THEY MAY BE DEDUCTIBLE AS ORDINARY AND NECESSARY BUSINESS EXPENSES. CULTURE MARKETING COUNCIL'S FEDERAL TAX ID IS 75-2659688.

CULTURE MARKETING COUNCIL RESERVES THE RIGHT TO REASSIGN A PROSPECTIVE MEMBER TO ANOTHER CATEGORY.

PLEASE COMPLETE AND RETURN FORM VIA:

- email to info@culturemarketingcouncil.org or
- fax to 703-745-5531 or
- mail to 8280 Willow Oaks Corporate Drive, Suite 600, Fairfax, Virginia 22031

FOR OFFICE USE ONLY

DATE RECEIVED: _____ AMOUNT PAID: _____ DATE PAID: _____

PAYMENT METHOD: CHECK CHECK# _____ CREDIT CARD