

Membership Application (Jan. 1, 2019- Dec. 31, 2019)

Michigan Chapter – Alliance for Community Media



New Member Renewal Today's Date: _____

Name: _____

Title: _____

Organization: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ E-Mail: _____

Mark with an X where appropriate:

_____ \$15 Individual Membership (before Jan. 1)

_____ \$30 Organizational Membership* (before Jan. 1)

_____ \$20 Individual Membership (After Jan. 1)

_____ \$45 Organizational Membership* (After Jan. 1)

_____ Public Policy Fund

_____ Other Contributions

\$ _____ **Total**

Return form and check to:

CTN Ann Arbor

Attn: Alysha Schlundt-Bodien

**2805 S. Industrial Highway,
Suite 200**

Ann Arbor, MI 48104

Make check payable to: ACM-Michigan Chapter

* Organizational Membership includes **five members and one designated voter**. Please list the designated voter's name and email, along with four member names and emails below.

Designated Voter Member 1 & Email: _____

Member 2 & Email: _____

Member 3 & Email: _____

Member 4 & Email: _____

Member 5 & Email: _____

Organization Service Areas: Public Access Educational Access

Gov't Access Comm. Media Ctr. Other _____

Small Ctr. (Budget under \$10,000)

Medium Ctr. (Budget under \$100,000)

Large Ctr. (Budget over \$100,000)

Your Role: Staff Board Producer Volunteer

Regulatory/Advisory Other: _____

For your membership fee you'll received:

* **Invitations to workshops in and around Michigan including MAB, station tours and more.**

* **E-mail announcements about video franchising issues, community media events around Michigan, job postings & much more.**

Please complete this form and mail it with a check to the address shown above. Encourage your fellow staff members, volunteers, producers and access centers to be a part of the Michigan chapter. Also consider making a contribution to help with public policy and legal costs relating to challenges to the franchising law. Thank you!