



## Organizational Membership Application

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Date: \_\_\_\_\_ This is a \_\_\_ New \_\_\_ Renewal Membership

Organization Name \_\_\_\_\_  
Liaison(primary contact): First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
Liaison Title: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Alternate Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Liaison Address \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
Work phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ WEB: \_\_\_\_\_

### Annual Dues

\_\_\_ National Educational Organization and Academic Institutions \$350 \_\_\_\_\_  
\_\_\_ Local/State/Regional Group(school, afterschool, community etc.) \$150 \_\_\_\_\_  
\_\_\_ Option: 2 year. Select category rate above X 2 \_\_\_\_\_

### Payment:

\_\_\_ Check is enclosed-payable to National Association for Media Literacy Education(NAMLE)

\_\_\_ Please charge to \_\_\_ VISA \_\_\_ MC # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp:  
\_\_\_\_\_/\_\_\_\_\_

Name as appears on card and billing address, if same as contact info above, check \_\_\_\_\_

Name \_\_\_\_\_ e-  
mail \_\_\_\_\_

Address: \_\_\_\_\_ city \_\_\_\_\_ st. \_\_\_\_\_ zip \_\_\_\_\_

W.phone \_\_\_\_\_ H.phone \_\_\_\_\_ Country \_\_\_\_\_

Thank you! You will receive an acknowledgement and further instructions by e-mail.

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Mail with payment to: NAMLE Membership  
Attn: Bill Annan  
9872 Prairie Falcon Lane  
Littleton, CO, 80130

**FAX TO:**  
NAMLE Membership  
Attn: Bill Annan  
720-348-1422