



***MEMBERSHIP APPLICATION FORM***

**MEMBERSHIP QUALIFICATIONS: To qualify for membership, EACH of these requirements must be met:**

1. Applicant must be either an individual, partnership, corporation or other business entity engaged on a “for profit” basis in the ownership and/or operation of one or more exhibition facilities.
2. The theatre must be open and operating at least **30 days** to be considered for membership.

**Name of Theatre or Theatre Circuit:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_ **Website:** www. \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

**Total Number of Screens:** \_\_\_\_\_ **Number of U.S. Indoor Screens:** \_\_\_\_\_ **Number of U.S. Outdoor Screens:** \_\_\_\_\_

**Number of Sites:** \_\_\_\_\_ **Projected Screens to be added in the next year:** \_\_\_\_\_ **Year Founded:** \_\_\_\_\_

States of Operation: \_\_\_\_\_

*(Please do not send payment with application. You will be invoiced upon the acceptance of your application.)*

**Billing Information:**

**Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Theatre Name & Address**

List the location of each complex for which you are paying dues. (Each location will receive a complimentary copy of *Boxoffice* magazine as a benefit of your membership). Attach additional sheet if necessary.

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_

**Officers and Titles:**

Owner: _____	Treasurer: _____
President: _____	Director of Operations: _____
Chairman: _____	Film Buyer: _____
Vice President: _____	Marketing: _____
Secretary: _____	Other: _____

**Contact name of person to receive:**

Information about legislation? \_\_\_\_\_

A copy of *The President's Report*? \_\_\_\_\_

Surveys about technical/projection? \_\_\_\_\_

**Contact name of who will provide:**

Your information for the annual *Encyclopedia of Exhibition*? \_\_\_\_\_

Surveys about theatre operations? \_\_\_\_\_

Admission information for use in determining average ticket price? \_\_\_\_\_

**How did you hear about NATO?**

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> NATO Member                     | <input type="checkbox"/> Conventions                      | <input type="checkbox"/> NATO Website |
| <input type="checkbox"/> Magazine: _____<br>(which one?) | <input type="checkbox"/> Other: _____<br>(please specify) |                                       |

**Government and Legislative Contacts:**

One of the reasons NATO has been so successful in its legislative efforts is because of the grassroots support we receive from our members.

Please provide us with the following information so we can call on you for help when targeting key legislators on issues that affect your business.

**State:** \_\_\_\_\_ (Please complete one form for each state in which you have a contact.)

**Senate**

I know the following U.S. Senators:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Please indicate how well you know this U.S. Senator:

Casual acquaintance	Have met on occasion	Know well
_____	_____	_____
_____	_____	_____
_____	_____	_____

**House of Representatives**

I know the following U.S. Representatives:

(Please indicate if you reside in his/her district or if your theatre is in his/her district.)

*(Circle One)*

- 1. \_\_\_\_\_ Reside Theatre
- 2. \_\_\_\_\_ Reside Theatre
- 3. \_\_\_\_\_ Reside Theatre

Please indicate how well you know this U.S. Representative:

Casual acquaintance	Have met on occasion	Know well
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_