



National Association of Theatre Owners

INTERNATIONAL MEMBERSHIP APPLICATION FORM

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

1. Applicant must be any sole proprietorship, partnership, corporation, or other business entity which is directly engaged on a for-profit basis in the operation of one or more motion picture 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/Province, Postal: _____

Shipping Address (if different than mailing): _____

City, State/Province, Postal: _____

Telephone #: _____ Fax: _____ E-mail: _____

Name of Owner: _____ **Website:** www. _____

Name of Person Completing Form: _____

Total Number of Screens: _____ **Number of Digital Screens:** _____ **Number of 3D Screens:** _____

Number of Sites: _____ **Number of Outdoor Screens:** _____ **Year Founded:** _____

Countries 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: _____

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