



National Association of Theatre Owners™

MEMBERSHIP APPLICATION FORM

Please provide your company's Federal Tax I.D. # so that we can verify the IRS designation:

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 in the operation of one or more motion picture exhibition facilities. Applicant can be a private or public sector (non-military) non-profit business entity. Applicant must exhibit DCP-encrypted movies authorized with a key (KDM) and/or exhibit movies via film (35mm or 70mm), in one or more fixed locations built for the purpose of motion picture exhibition.
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 (if different than mailing): _____

City, State, Zip: _____

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

Name of Owner: _____ Website: www. _____

Name of Person Completing Form: _____

Total # of U.S. Screens: _____ # of Digital Screens: _____ # of 3D Screens: _____

of Sites: _____ Number of PLF/IMAX Screens: _____ 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: _____

Please designate one individual from your company to serve as the primary **Legislative Contact to NATO**. This individual will operate as the point-person for your company to (1) receive and relay any communication from NATO regarding legislative issues, and (2) to provide your company's guidance to NATO on legislative matters. They will also be the contact person for any grass roots campaigns initiated by NATO.

NAME: _____ EMAIL: _____

CONTACT NAME OF WHO WILL PROVIDE:

Your information for the online *Encyclopedia of Exhibition*? _____

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: _____ | <input type="checkbox"/> Other: _____ | |

(which one?)

(please specify)

GOVERNMENT AND LEGISLATIVE CONTACT SHEET

One of the reasons NATO has been so successful in its legislative efforts is because of the grassroots support we receive from our members. More and more issues arise where NATO members with some relationship with local, state, or federal officials can help us get positive resolutions. To handle our network of contacts efficiently, we need to know who you know.

Please indicate any U.S. congressional, state or local contacts that you or any executive at your company has established 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 contacts.)

Local Politician:

Person(s) in your company who knows:

1) _____

2) _____

State Senator/Representative:

Person(s) in your company who knows:

1) _____

2) _____

US Senator:

Person(s) in your company who knows:

1) _____

2) _____

US Representative:

Person(s) in your company who knows:

1) _____

2) _____

3) _____

Comments: _____
