



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 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/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 # of Screens: _____ # of Digital Screens: _____ # of 3D Screens: _____

of Sites: _____ # of PLF/IMAX 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: _____

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 EXECUTIVES:

Owner: _____	CFO/Treasurer: _____
President: _____	Operations: _____
Chair: _____	Film Buyer: _____
Vice President: _____	Marketing: _____
Secretary: _____	Security: _____

Please designate someone from your company to serve as primary point of contact within the **NATO International Committee**. This person will receive and relay communications from NATO regarding the International Committee and/or questions of common interest to members of NATO are doing business outside North America.

NAME: _____ EMAIL: _____

CONTACT NAME OF WHO WILL PROVIDE:

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

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)