



Web Membership Application

Web Membership benefits include APA's printed newsletter, *On the Arizona Set*, a Member Benefit List containing discounts on various goods and services and free or discounted admission to APA-sponsored events. In addition, each Web Member receives two (2) listings in the ONLINE version of the Arizona Production Guide.

Web Memberships renew on an annual basis in the month in which you join. Dues are \$130 per year. Please fill out the following fields clearly and completely. If you were a member in the past, check here _____. If you have questions, please call 480-FILMING.

Today's Date _____ Name _____

Company Name* _____

Address _____

City _____ State _____ Zip _____ - _____

Business Phone () _____ Mobile Phone () _____

Fax Number () _____ Pager/Other () _____

E-Mail Address _____ Web Site _____

* If your company name begins with a number or the letter "A," please attach a copy of your state name registration certificate.

How did you hear about APA? (Please be specific) _____

Listing # 1

What category would you like your first listing to be under? (See list of categories)

Main (Tab) Category (i.e. "Production Personnel"): _____

Sub-Category (for listings in Post Production Only): _____ Category: _____

Please clearly write your listing description, as you would like it to appear in the online Directory, in 20 words or less. Additional words over 20 will be billed at \$1 per word. If you are only applying for one listing, you have up to 40 words to use.

How many years of professional experience have you had in this area? _____

What professional memberships, associations, or unions do you belong to? _____

If your profession requires a license, please attach a copy of your license to this application form.

Please list three people who can verify your information and experience in this field and/or attach three call sheets.

1. Name _____ Phone _____ E-mail _____

2. Name _____ Phone _____ E-mail _____

3. Name _____ Phone _____ E-mail _____

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Listing # 2

What category would you like your second listing to be under? (See list of categories)

Main (Tab) Category (i.e. "Production Personnel"): _____

Sub-Category (for listings in Post Production Only): _____ Category: _____

Please clearly write your listing description, as you would like it to appear in the online Directory, in 20 words or less. Additional words over 20 will be billed at \$1 per word.

How many years of professional experience have you had in this area? _____

What professional memberships, associations, or unions do you belong to? _____

If your profession requires a license, please attach a copy of your license to this application form.

Please list three people who can verify your information and experience in this field and/or attach three call sheets.

1. Name _____ Phone _____ E-mail _____

2. Name _____ Phone _____ E-mail _____

3. Name _____ Phone _____ E-mail _____

If you would like to purchase an additional listing for \$50, please attach the info for your additional listing to this form.

Would you be interested in learning about advertising opportunities in the Directory or on our web site? YES / NO

With my signature, I certify that the above information is correct. I understand that I am applying for a Web Membership in the APA and that this level of membership includes listings in the online version of the Directory only. As such, my listings will not appear in the printed Directory. I understand that APA reserves the right to refuse any listings it deems unsuitable for any reason.

Signature _____ Date _____

Payment of Dues - Seniors (age 65 and over) and students (age 25 & under) qualify for a discount if identification is submitted with the application. Seniors, include copy of ID showing proof of age; students include copy of current student ID and proof of age.

Web Membership - \$130 _____

Additional Listings - \$50/each _____

Extra Words @ \$1/each _____

Less Senior/Student Discount (\$20) _____

Total Due _____

Payment Method (Pick One) _____ Check _____ VISA _____ MasterCard _____ American Express

Card # _____ Exp. Date _____ Security Code _____

Complete Billing Address of Card, including zip code: _____

Mail To: APA, 6615 N. Scottsdale Road, Suite 101, Scottsdale, AZ 85250

Phone 480-345-6464 * Fax 480-941-2557 * www.azproduction.com

Note: If you are paying by credit card, you may fax your application in instead of mailing it if you prefer.