

## Application for Membership

Please print and fill out this form. Send in with proper payment via mail, fax or in person to:

Chicago Filmmakers  
5243 N. Clark St.  
Chicago, Illinois 60640  
773-293-1447 phone / 773-293-0575 fax

\_\_\_\_\_  
**Name** \_\_\_\_\_ **Email**

\_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip**

\_\_\_\_\_  
**Driver License #** \_\_\_\_\_ **Employer**

\_\_\_\_\_  
**Daytime Phone** \_\_\_\_\_ **Evening Phone**

**Homeowners / Renters Insurance**

\_\_\_\_\_  
**Insurance Company** \_\_\_\_\_ **Policy #**

**Professional References (Instructors, Employers, Co-workers, etc.)**

\_\_\_\_\_  
**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone #**

\_\_\_\_\_  
**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone #**

*Previous Filmmaking Experience:*

\_\_\_\_\_  
\_\_\_\_\_

**How did you hear of Chicago Filmmakers?**

Online    Advertisement/Flyer    Friend    Newsletter    Other

**Would you be interested in volunteering?**    Yes    No

**Payment:** CO-OP ANNUAL MEMBERSHIP \$50

VISA    MC    AMEX    Discover    Cash    Check

\_\_\_\_\_  
**Credit Card #** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_ **Security Code**

\_\_\_\_\_  
**Signature**