



Membership Application

Date: _____

Client/Account Information

Name of Church/Institution		Phone Number	
Shipping Address		Shipping Address Line 2	
City	State	Zip Code	
Email Address of Church/Institution		Contact Name	
Billing Address		Billing Address Line 2	
Billing City	Billing State	Billing Zip Code	

Membership Information and Options

Membership rates are based on the type of license and weekly average attendance in your church/institution. Please check the appropriate box and include this amount in the check you submit. For details on license differences, please visit our website.

BASIC Membership

	Attendance	Annual Cost
<input type="checkbox"/>	1-19	\$40
<input type="checkbox"/>	20-29	\$60
<input type="checkbox"/>	30-39	\$80
<input type="checkbox"/>	40-49	\$100
<input type="checkbox"/>	50-59	\$120
<input type="checkbox"/>	60-74	\$140
<input type="checkbox"/>	75-99	\$160
<input type="checkbox"/>	100-124	\$180
<input type="checkbox"/>	125-174	\$200
<input type="checkbox"/>	174 >	\$220

PATRON Membership

	Attendance	Annual Cost
<input type="checkbox"/>	1-19	\$70
<input type="checkbox"/>	20-29	\$100
<input type="checkbox"/>	30-39	\$130
<input type="checkbox"/>	40-49	\$160
<input type="checkbox"/>	50-59	\$190
<input type="checkbox"/>	60-74	\$220
<input type="checkbox"/>	75-99	\$250
<input type="checkbox"/>	100-124	\$280
<input type="checkbox"/>	125-174	\$310
<input type="checkbox"/>	174 >	\$340

Would you like to obtain a CVLI License at a discounted rate through the RMC

YES (Add \$90) NO



User Information

Please include information on the people who will be using this service and remember to update your contacts periodically. You will be responsible for lost/unreturned items checked-out by these people. You do not need to provide three users.

User Name #1	Role/Position (Pastor, lay, teacher)
E-mail Address	Phone Number

User Name #2	Role/Position (Pastor, lay, teacher)
E-mail Address	Phone Number

User Name #3	Role/Position (Pastor, lay, teacher)
E-mail Address	Phone Number

User Information

Would you like to receive our e-mails?

- Yes
 No

Please send this form (or a copy of this form) with a check payable for the amount noted above to CONFERENCE TREASURER, memo "Media Center Membership", to:

**PNW Conference, Regional Media Center
P.O. Box 13650
Des Moines, WA 98198**

We will send you confirmation upon receipt of your membership application AND payment.