



CLEVELAND ENTERTAINMENT COALITION MEMBERSHIP REGISTRATION

Individual (\$10.00)
 Business (\$25.00)

MEMBER INFORMATION

Circle One: Mr. Ms. Mrs.

PLEASE PRINT CLEARLY

Last Name		First Name		Middle Initial	Telephone Number			
Mailing Address		Apt #		Cell Phone Number				
City		State	Zip Code		Fax Number			
Email Address				Website				
Skills (Check all that apply)								
<input type="checkbox"/> Actor	<input type="checkbox"/> Photographer	<input type="checkbox"/> Singer	<input type="checkbox"/> Web Designer					
<input type="checkbox"/> Artist	<input type="checkbox"/> Poet	<input type="checkbox"/> Songwriter	<input type="checkbox"/> Writer					
<input type="checkbox"/> Dancer	<input type="checkbox"/> Producer	<input type="checkbox"/> Talent Manager						
<input type="checkbox"/> Musician (List Instruments): _____								
<input type="checkbox"/> Other: _____								
Background / History								

COMPANY INFORMATION

Company / Group Name				Business Number				
Address				Cell Phone Number				
City		State	Zip Code		Fax Number			
Title / Position				Website				
Company Description								

COMMITTEE INTEREST

- | | |
|--|---|
| <input type="checkbox"/> Awards Show | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Research |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Website |

PAYMENT METHOD

- Cash
 Cashiers Check / Money Order
 Personal Check (No: _____)
 PayPal

FOR OFFICE USE ONLY

Amount Paid	Date	Membership Card
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Received By		

Applicant's Signature

X

Date