



Young Professional Membership Application

First Name Initial Last Name Nickname

Organization/Call Letters Title/Position

Address City/State Zip

Phone No. Fax No. Email

Education Level: BA BS MBA PhD | CPA CFM CMA JDS Sex: Male Female

M/D/Y of Birth: _____ What is your professional level? Entry (1-3 yrs.) Mid (4-5 yrs.)

Industry Type: Television Radio Cable Newspaper Digital Media TV/Radio

Recommended by: _____
Name Company

Would you be interested in participating in an MFM Committee? ___ Yes ___ No

Membership Type

Young Professional Industry Member* **\$150** _____

*This rate excludes vendors and other associate executives. Applicant must have 5 or less years of experience in the industry and is 35 years of age or younger.
** Contributions or gifts to MFM are not deductible as charitable contributions for federal income tax purposes. However, dues

Payment Type: ___ Check ___ Visa ___ MasterCard ___ Discover ___ AMEX

Card Number: _____ **Exp. Date:** _____ **Security Code:** _____

Signature: _____ **Date:** _____

(Checks should be made payable in US Dollars to Media Financial Management Association.
We will not invoice you. FEIN: 13-1984011)