Membership Form



Thank you for your interest in becoming a member of CMAC. Your membership provides support to ensure the continued availability of vital community media resources in our local area. Your support is greatly appreciated!

Your Name: (PLEASE PRINT)			
Address:			City: Zip Code:
			Phone:
#	Level	Cost	Description
	INDIVIDUAL	\$50	Provides access to training workshops and use of production studio and field equipment (upon certification). Allows submission of program content for CMAC video channels.
	STUDENT	\$25	All benefits listed above. Open to those currently enrolled in educational institutions or programs (high school, college, or other professional school).
	ORGANIZATION	\$250	Includes three (3) individual memberships and all benefits listed above.
OPTIC Age R	NAL QUESTIONS ange: 21 ar	nd under	Fresno or Clovis. Management reserves right to request proof of eligibility. 22-34 35-44 45-54 55-64 65 and over
Gender:			Ethnicity:
How d	id you hear about C	MAC?	
<u>PAYM</u>	ENT TYPE		
Cash \$			Check \$ Credit / Debit Card \$
Your Signature:			Date:
Checks payable to:			New Member: Renewal:
CMAC			

CMAC 1555 Van Ness Ave. Fresno, CA 93721