

APPLICATION FOR ORGANIZATIONAL COMMUNICATION MEMBERSHIP

For detailed information on membership classes and benefits, please consult the CMA website at <https://www.catholicmediaassociation.org/member-types> or call 312-380-6789.

Send completed form to membership@CatholicMediaAssociation.org

1. We hereby apply for active membership in the Catholic Media Association (**CMA**) in the name of the following Catholic organization:

Name of Organization: _____

Address: _____

City: _____ State: _____ 9-Digit Zip Code: _____

Phone: _____ Website: _____

2. Below is a brief description of the organization's function or purpose

3. Name of Ordinary or Chief Executive: _____

4. Organizational Affiliation

Diocesan Non-Diocesan

5. If the organization is not owned by a Catholic entity, what is its relationship to the Catholic Church?

6. For determination of our annual **CMA** dues:

Does your organization also hold separate media membership for its publication, radio station, etc.?

Yes No If yes, please name: _____

7. Is the organization a member of any other professional or trade association? (e.g., Associated Church Press, state press association, etc.)

Yes No If yes, please name: _____

8. Date the Organization was Established: _____

9. As a condition of membership in **CMA**, we list here the name of the individual who is to act as **Registered Representative** for our organization and who will conduct our business as an active member of the Catholic Media Association. The Registered Representative speaks and votes on behalf of the Organizational Member.

Registered Representative: _____ **Title:** _____

Phone: _____ E-mail: _____

10. Please list any additional employees you would like to add as staff members to your **CMA** organizational membership:

Staff Member 1: _____ **Title:** _____

Phone: _____ E-mail: _____

Staff Member 2: _____ **Title:** _____

Phone: _____ E-mail: _____

Staff Member 3: _____ **Title:** _____

Phone: _____ E-mail: _____

If accepted for membership, we agree to abide by the **Catholic Media Association's Fair Publishing Practices Code** (available online at <https://www.catholicmediaassociation.org/fair-publishing-practices-code-1/>).

We understand and agree that the board of directors of **CMA** will make the **final decision** on our membership, considering the relations of the function, purposes and content of our organization to the aims, purposes and statutes of **CMA**.

Signature: _____ Date: _____

Title: _____