

APPLICATION FOR SERVICE 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 of the United States (CMA) in the name of the following Catholic service organization:

Name of Organization: _____

Address: _____

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

Phone: _____ Website: _____

2. Describe below the type of supplier, service, institution or organization you represent:

3. Name of Chief Executive: _____

4. Date the Organization was Established: _____

5. Below is the name of the individual who is to act as **Registered Representative** for the organization and who speaks on behalf of the membership-holding organization

Registered Representative: _____ **Title:** _____

Phone: _____ E-mail: _____

6. Please list any additional employees you would like to add to your CMA Service membership:

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: _____