



National Association of Theatre Owners™

MEMBERSHIP APPLICATION FORM

Please provide your company's
Federal Tax I.D. # so that we can
verify the IRS designation:

MEMBERSHIP QUALIFICATIONS: To qualify for membership, EACH of these requirements must be met:

1. Applicant must be any sole proprietorship, partnership, corporation, or other business entity which is directly engaged on a for-profit basis in the operation of one or more motion picture exhibition facilities.
2. The theatre must be open and operating at least **30 days** to be considered for membership.

Name of Theatre or Theatre Circuit: _____

Mailing Address: _____

City, State, Zip: _____

Shipping Address (if different than mailing): _____

City, State, Zip: _____

Telephone #: _____ Fax: _____ E-mail: _____

Name of Owner: _____ **Website:** www. _____

Name of Person Completing Form: _____

Total Number of U.S. Screens: _____ **Number of Digital Screens:** _____ **Number of 3D Screens:** _____

Number of Sites: _____ **Number of U.S. Outdoor Screens:** _____ **Year Founded:** _____

States of Operation: _____

(Please do not send payment with application. You will be invoiced upon the acceptance of your application.)

Billing Information:

Contact Name: _____ **Title:** _____

Mailing Address (if different than above) _____

Telephone #: _____ Fax: _____ E-mail: _____

National Association of Theatre Owners
1705 N Street, NW, Washington, DC 20036
Phone: (202) 962-0054 FAX: (202) 962-0370
www.natoonline.org

Theatre Name & Address

List the location of each complex for which you are paying dues. (Each location will receive a complimentary copy of *Boxoffice* magazine as a benefit of your membership). Attach additional sheet if necessary.

- (1) _____
- (2) _____
- (3) _____
- (4) _____

Officers and Titles:

Owner: _____	Treasurer: _____
President: _____	Director of Operations: _____
Chairman: _____	Film Buyer: _____
Vice President: _____	Marketing: _____
Secretary: _____	Other: _____

Please designate one individual from your company to serve as the primary **Legislative Contact to NATO**. This individual will operate as the point-person for your company to (1) receive and relay any communication from NATO regarding legislative issues, and (2) to provide your company's guidance to NATO on legislative matters. They will also be the contact person for any grass roots campaigns initiated by NATO.

NAME: _____ EMAIL: _____

Contact name of who will provide:

Your information for the online *Encyclopedia of Exhibition*? _____

Admission information for use in determining average ticket price? _____

How did you hear about NATO?

- NATO Member
- Conventions
- NATO Website
- Magazine: _____
(which one?)
- Other: _____
(please specify)

Government and Legislative Contact Sheet

One of the reasons NATO has been so successful in its legislative efforts is because of the grassroots support we receive from our members. More and more issues arise where NATO members with some relationship with local, state, or federal officials can help us get positive resolutions. To handle our network of contacts efficiently, we need to know who you know.

Please indicate any U.S. congressional, state or local contacts that you or any executive at your company has established so we can call on you for help when targeting key legislators on issues that affect your business.

State: _____ (Please complete one form for each state in which you have contacts.)

Local Politician:

1) _____

2) _____

Person(s) in your company who knows:

State Senator/Representative:

1) _____

2) _____

Person(s) in your company who knows:

US Senator:

1) _____

2) _____

Person(s) in your company who knows:

US Representative:

1) _____

2) _____

3) _____

Person(s) in your company who knows:

Comments: _____
