



National Association of Theatre Owners™

INTERNATIONAL MEMBERSHIP APPLICATION FORM

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/Province, Postal: _____

Shipping Address (if different than mailing): _____

City, State/Province, Postal: _____

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

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

Name of Person Completing Form: _____

Total Number of Screens: _____ **Number of Digital Screens:** _____ **Number of 3D Screens:** _____

Number of Sites: _____ **Number of Outdoor Screens:** _____ **Year Founded:** _____

Countries 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 someone from your company to serve as primary point of contact within the **NATO International Committee** . This person will receive and relay communications from NATO regarding the International Committee and/or questions of common interest to members of NATO are doing business outside North America.

NAME: _____ EMAIL: _____

Contact name of who will provide:

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

How did you hear about NATO?

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