

“To build and support an active and unified film making community in Southern Arizona, IFASA offers educational, professional development and networking opportunities for its members and the community.”



IFASA MEMBERSHIP FORM

Date Submitted: _____ **Date Processed (for IFASA Board use only):** _____

Please check the appropriate box: **New Member:** **Renewal**

Please check here if your information has changed since your last renewal:

Applicant Information (Please print or type LEGIBLY):

First Name: _____ Middle Initial: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Url: _____

Name of Authorizing Legal Guardian if the Applicant is a Minor: _____

Signature of Legal Guardian (if applicable): _____

Profession (mark all that apply):

- | | | | |
|--|---------------------------------------|--------------------------------|--------------------------------|
| <input type="radio"/> Actor | <input type="radio"/> Writer | <input type="radio"/> Producer | <input type="radio"/> Director |
| <input type="radio"/> Assistant Director/UPM | <input type="radio"/> Cinematographer | <input type="radio"/> Editor | <input type="radio"/> Sound |
| <input type="radio"/> Lighting | <input type="radio"/> Costumer | <input type="radio"/> Makeup | <input type="radio"/> Composer |

Other _____

\$10 Annual Membership Dues Paid (mark one please)

- Cash
 Check # _____

Please mail this form and your membership fee to:

IFASA Attn: Treasurer:
P.O. Box 1304
Tucson, AZ 85702

