



Membership Application

Individuals

	City of Dallas Resident	iMedia Service Area Resident (Dallas/Collin/Tarrant County)
Individual	\$125.00	\$400.00
Adult Student (18 & up) or Senior (62 & up)	\$75.00	\$250.00
Youth (9-17)	\$50.00	\$150.00

Nonprofit Organization or Business

	City of Dallas Based	iMedia Service Area (Dallas/Collin/Tarrant County)
Nonprofit Organization + Producing Team Member(s)	\$200.00	\$400.00
Producing Team Member(s)	\$60.00 each	\$100.00 each
Business + Producing Team Member(s)	\$300.00	\$500.00
Producing Team Member(s)	\$60.00 each	\$100.00 each

Yes, I want to join Dallas iMedia Network!

New Individual Adult Student Senior Youth
 Renewal Nonprofit Organization*** Business*** Producing Team Member

Memberships valid a full year, with exception of producing team members valid through expiration of parent organization/business. Proof of current residency required for memberships.

please print:

name _____

home address _____

city, state, zip _____

phone (home) _____

phone (work) _____

drivers license # _____

email _____

ethnicity (circle one) Afr/Am Ang Asn Hisp Other

age group (circle one) 9-17 18-30 31-45 46-61 62 & over

city council district _____

I agree to adhere to the policies and procedures of Dallas iMedia Network. I understand that the above information will be confirmed, and false information will be grounds for immediate membership termination. I understand that membership and training fees are non-refundable.

Signature _____

① Would you like to receive electronic updates about Dallas iMedia Network?
Please **initial** _____ Yes _____ No

① Would you like your name, phone numbers and email address provided to other iMedia members?
Please **initial**: _____ Yes _____ No

FOR OFFICE USE

Amount _____ Date _____ Expires _____

Rcpt. # _____ Rec'd By _____

User's Manual _____ Residency Verification _____

Facil _____ Access _____

Revised 9/30/07

organization or business: _____

street address _____

city, state, zip _____

phone _____

tax exemption/i.d. # _____

website _____

director's signature _____

contact name _____

contact phone _____

contact email _____

organization constituency # _____

Authorized producing team members:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

(Each producing team member must complete a separate individual membership form and Statement of Compliance with signature for Dallas iMedia files.)