



July 1, 20\_\_ – June 30, 20\_\_

INSTITUTIONAL MEMBERSHIP APPLICATION

Florida Association for Media In Education

P.O. Box 941169, Maitland, FL 32794-1169

813-380-5673 FEIN: 23-736-7407

A COPY OF THIS INVOICE MUST ACCOMPANY PAYMENT

FAME Institutional (School Level) Membership

FAME Institutional Membership covers all staff memberships for one entire school site. There are no district memberships. Staff that can be covered under an institutional membership include the school librarian, library aides, classroom teachers, reading coach, technology specialist, television production teacher and any other instructional or non-instructional personnel at that specific school site. Institutional membership allows all staff at the site to receive member rates for the annual FAME conference and any other FAME events. Institutional membership also provides access to all FAME signature programs such as SSSYRA, FTR, Jim Harbin Student Media Festival, Intellectual Freedom Award, Administrator Advocacy Award, Principal and the Amanda Award. The one-year cost for an institutional membership is \$180 starting July 1-June 30. Memberships cannot be transferred if a staff member moves to another school.

It is especially important to insure the county in which you teach is accurate. Please print clearly.

Main School Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

School: \_\_\_\_\_ County: \_\_\_\_\_

School Billing Address: \_\_\_\_\_

Street/City/Zip: \_\_\_\_\_

Business Phone: ( ) Business Fax: ( )

E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street/City/Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

As a member of FAME, you will be contacted at your school E-Mail address and/or fax number. Please sign permission if you prefer fax or e-mail information be sent to your home contact numbers. Home email: \_\_\_\_\_ Signature: \_\_\_\_\_

Type of school (select all that apply)  Elementary  Middle  High  Private  Charter  College/University  Vocational/Adult

Second School Member Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street/City/Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Third School Member Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street/City/Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Fourth School Member Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street/City/Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

THANK YOU FOR YOUR MEMBERSHIP IN FAME

Payment of membership may be made by check (payable to FAME) and mailed to the address at the top of this form.

\_\_\_ We are paying by check: Check Number \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

\_\_\_ We are paying by credit card:  American Express  Visa  MasterCard

Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name of Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Questions or concerns should be addressed to the FAME Administrative Office. Please allow four weeks for processing of your membership.

Processing cannot be completed until payment is received. PURCHASE ORDERS NOT ACCEPTED