



Membership Application and Dues Invoice

Company: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip _____ County _____

Office Telephone: _____

Fax: _____ E-mail-address _____

Name of Theatre(s): _____

Theatre Address: _____

City: _____, MI Zip _____ County _____

Manager(s) Name(s) _____

Theatre Office Telephone: _____

Fax: _____ E-mail address _____

Signature _____

NATO of Michigan dues are for a one-year membership (July 1, 2014 to June 30, 2015). Please make check payable to NATO of Michigan and return with completed application to Jack Schick, Executive Director, NATO of Michigan, 121 W. Allegan Street, Lansing, MI 48933.

Dues: _____ Screens @ \$60.00 per screen: \$ _____

Scholarship Fund: _____ Screens @ \$6.66 per screen: \$ _____

TOTAL AMOUNT DUE:\$ _____