

LEMPA MEMBER APPLICATION FORM

Thank you for joining the Latin Entertainment & Motion Picture Association. We look forward to working with you.

- Please tell us about yourself and your areas of specialty by filling in the information below.
- After entering your LEMPA application information, please print this page.
- Please fill the form out completely and mail with your Check or Method of payment and signed Membership Application to: LEMPA P.O. Box 2367 Anaheim, California 92814.
- Or you can fax it to (714) 845-0015

Thank you for joining L.E.M.P.A.!

First Name _____

Last Name _____

Organization _____

Billing Address _____

City _____ State _____ Zip _____

Business Telephone _____

Fax _____

Type of Business _____

Number of Employees _____

I promise to support the President and the Executive Director, the Vice President, Board of Directors and the entire membership of the Latin Entertainment & Motion Picture Association and to keep my dues paid up as long as I belong to this philanthropic and cultural organization. It is further understood that LEMPA is desirous of members who are willing to assist in some capacity, improving our organization. I will try to attend all events and meetings, if possible, and be a worthy member of LEMPA.

Signed: _____

Date: _____

What is your interest?

- Modeling
- Acting
- Music
- Casting
- Cinematographer
- Comedian
- Dancing
- Entertainment Attorney
- Lighting & Sound Systems
- Limousine Services
- Make-Up Artist
- Marketing
- Model
- Music Production
- Producer/Director
- Publications
- RadioTV
- Script Writer
- Tuxedo, Rental/Sales
- Vocalists
- Writers

After LEMPA has accepted you as a member, please pick up your membership card at the next LEMPA membership Chapter meeting. Please pass the good news out to others, recruit worthy members and bring guests to the LEMPA meetings.

If other, please describe:

Method of payment

Credit Card information:

- Visa
- Master Card
- Company Check
- Money Order
- Cash

Name as it appears on card _____

Card Number _____ / _____ / _____

Expiration Date _____ / _____ (MM/YYYY) Email address: _____

Make checks

payable to:

**Latin Entertainment
and Motion Picture
Association**

CID/Card Code (3 or 4 digit number on card back or front) _____

Signature _____

Please select your package: ___ \$95.00 Individual annually ___ \$195.00 Business annually

Administration Fee for new applicants: ___ \$30.00 (1- time fee in addition to your yearly package rate)

**Please make your check or money order to:
Latin Entertainment and Motion Picture Association
P.O. Box 2387 Anaheim, CA. 92814**

Fax: (714) 845-0015

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