RMNATO Membership INTAKE FORM

Movie Theater Locations and Screen Count

Legal Business Name:		**d.b.a.:**
Contact Name:	**Best Contact Phone #**	**Email:**
Business Mailing Address, City, State, Zip:		
Total # of Screens:	**Information current as of this date:**	

Movie Theater Name	**Physical Address** (for each individual location)	**City**	**State**	**Zip**	**County of Operation** (for each individual location)	**# Screens (**this location)

Annual Member Dues: $40 Base Membership Fee, PLUS $15 per Screen Fee

(EX: 7 screens = $40 base membership fee PLUS $105 screen fees = $145 total dues)

Membership Term: 1 year, beginning January 1st and ending December 31st

Email completed form to: regional.director@rmnato.com

Total # of Screens:	
x $15 per Screen Fee:	$ 15.00
Subtotal:	$
PLUS $40 Base Membership Fee	$ 40.00
TOTAL MEMBER DUES	**$**