

## Regional Media Center

[www.regionalmediacenter.org](http://www.regionalmediacenter.org)

P.O. Box 13650 Des Moines, WA 98198 (206) 870-6813

### CLIENT INFORMATION

NAME OF CHURCH/INSTITUTION		
SHIPPING ADDRESS		
CITY	STATE	ZIP
E-MAIL ADDRESS	TELEPHONE NO.	FAX NO.
BILLING ADDRESS		
CITY	STATE	ZIP

### MEMBERSHIP INFORMATION

(Membership rates are based on the number of people in your church/institution.

Please check the appropriate box.)

- |  |  |
|--|--|
| <input type="checkbox"/> UNDER 50 MEMBERS \$40 | <input type="checkbox"/> 201-300 MEMBERS \$70  |
| <input type="checkbox"/> 51-100 MEMBERS \$45   | <input type="checkbox"/> 301-400 MEMBERS \$80  |
| <input type="checkbox"/> 101-150 MEMBERS \$55  | <input type="checkbox"/> OVER 400 MEMBERS \$90 |
| <input type="checkbox"/> 151-200 MEMBERS \$60  |  |

### CONTACT INFORMATION

(Please include information on the people who will be using this service. Please update your list of contacts periodically. You will be responsible for lost/unreturned items checked-out by these people.

CONTACT NAME	
E-MAIL ADDRESS	TELEPHONE NO.

CONTACT NAME	
E-MAIL ADDRESS	TELEPHONE NO.

CONTACT NAME	
E-MAIL ADDRESS	TELEPHONE NO.

Please send this form and a check payable to **CONFERENCE TREASURER**, memo "*Media Center Membership*") To:

**PNW Conference Media Center,  
P.O. Box 13650  
Des Moines WA 98198**

for the amount equivalent to the box you ticked. We will send you confirmation of your membership. Your membership will be effective 1 (one) year from the date of the confirmation letter. For more information on the terms and conditions of this membership, visit our website at:

[www.regionalmediacenter.org](http://www.regionalmediacenter.org).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name