



ASSOCIATE MEMBER APPLICATION
July 1, 2011 – June 30, 2012

FIRM NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

PRIMARY CONTACT NAME _____ TITLE _____
Please Print

SIGNATURE _____

Please describe the nature of your business:
(Will be posted on the PMA website.)

ANNUAL PMA DUES:

Associate Membership \$ 1,600.00
(Includes cost of exhibit table at 2012 Annual Convention)

___ Check enclosed (Payable to PMA)

___ Charge the following credit card (Mastercard or Visa only)

Number: _____ Exp Date: _____

Authorized Signature _____

Name as it appears on card (please print)

Please return this completed form with payment to:
Parenting Media Association
1970 E. Grand Ave, Suite 330, El Segundo, CA 90245
Fax: (310)364-0196 (credit card payment only)