



Central Illinois Film Commission

Membership Application

- Regular Membership: \$25 / year
 Student / Youth Membership \$15 (ID required)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Date: _____

Cell #: _____

Email: _____

Web Site: _____

Payment Type:

Cash
 Check No: _____
 Credit / Debit
 Card Number: _____

Expires: _____ Secure Code: _____



Please check our web site or facebook page for meeting times and locations.

Membership Dues are paid through December 31st of the concurrent year.

Please list your skills, talents, training, and experience (please be specific).
