



# THE PALEY CENTER FOR MEDIA

## Application for Media Council Associate Membership in New York \$1,500 (35 years of age and under)

Please complete this form:

Mr  Ms  Mrs  Miss  Dr

Full Name

Company / Title

Address

City/State/Zip

Daytime Telephone

Evening Telephone

Email

Assistant's Name

Assistant's Telephone

Assistant's Email

References are required if you have not received a formal invitation.

Please provide two references for membership consideration:

Name of Reference Person One

Company / Position

Email

Daytime Telephone

Name of Reference Person Two

Company / Position

Email

Daytime Telephone

Please email this application to: [mediacouncil@paleycenter.org](mailto:mediacouncil@paleycenter.org)

Or print and mail to:

**The Paley Center for Media**

Media Council Membership

25 West 52 Street, New York, NY 10019