



THE PALEY CENTER FOR MEDIA

Application for Media Council Membership in New York \$3,250

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

Or print and mail to:

The Paley Center for Media

Media Council Membership

25 West 52 Street, New York, NY 10019