



Peer Group Change Form

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The following information must be completed and returned with your membership fee. Submit by mail, email or fax. The fee for National Active Membership is \$200.00 per year. Associate Membership is \$125.00. If you upgrade from Associate status to National Active, please include payment for the additional \$75.00. Payment must be received with this form.

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ OFFICE PHONE _____

EMAIL _____

PLEASE NOTE: WITH FEW EXCEPTIONS, ALL TELEVISION ACADEMY CORRESPONDENCE IS BY EMAIL.

CURRENT PEER GROUP _____

NATIONAL ACTIVE ASSOCIATE

PREFERRED PEER GROUP _____

NATIONAL ACTIVE ASSOCIATE

CREDITS AND/OR POSITIONS: Please provide your credits qualifying you for new Peer Group or status. Attach additional credits and/or resume. Incomplete applications will be returned.

DATE(S) <small>(use month/year format)</small>	EMPLOYER	TITLE/POSITION	# OF ON-AIR EPISODES/HOURS	CONTACT NAME & PHONE

Check enclosed VISA MasterCard AMEX

CARD NUMBER _____ EXP _____

AUTHORIZING SIGNATURE _____

GOVERNOR SIGNATURE OF APPROVAL _____ **DATE** _____

