

WICT MEMBERSHIP APPLICATION

1. MEMBERSHIP INFORMATION

| | | | | |
|----------------------|---------|-------|-------|-----|
| Ms. Mr. (circle one) | Name | Title | | |
| Company | Address | City | State | Zip |
| Phone: Business | Cell | Fax | Email | |

2. OCCUPATIONAL AREA

PRIMARY JOB FUNCTION (CHOOSE ONE)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Accounting/Finance | <input type="checkbox"/> Creative | <input type="checkbox"/> Legal/Legislative | <input type="checkbox"/> Product Development |
| <input type="checkbox"/> Administration/Support | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Marketing/Sales | <input type="checkbox"/> Production |
| <input type="checkbox"/> Advertising/Ad Sales | <input type="checkbox"/> Digital Services | <input type="checkbox"/> MIS/Technology/Engineering | <input type="checkbox"/> Programming |
| <input type="checkbox"/> Affiliate Relations | <input type="checkbox"/> Executive | <input type="checkbox"/> New Media | <input type="checkbox"/> Public Relations/Community Relations |
| <input type="checkbox"/> Communications | <input type="checkbox"/> General Management | <input type="checkbox"/> On-Air Talent | <input type="checkbox"/> Research/Analysis |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Human Resources/Training | <input type="checkbox"/> Operations | <input type="checkbox"/> Other: _____ |

Year you entered the industry: _____ Were you referred by someone? _____
Name Company Email

3. MEMBERSHIP CATEGORIES

(MEMBERSHIP INCLUDES ONE PRIMARY CHAPTER)

- EXECUTIVE (\$299)** Employees at director and higher (Voting member)
- REGULAR (\$195)** Mid-level positions not defined in Executive level (Voting member)
- ENTRY (\$85)** Non-salaried (hourly) positions with no supervisory or direct budgetary responsibilities and less than two years' experience in any facet of the cable telecommunications industry. (Non-voting member; cannot serve on chapter board)
After 2 years at Entry level, members will be automatically upgraded to Regular membership.
- STUDENT (\$35)** full time students

MEMBERSHIP PERIOD: Calendar year January–December. Members joining after February 1 are pro-rated a discount on next year's dues.

TAX INFORMATION: WICT is a 501(c)(3) non-profit, Federal ID #36-3814358.

WICT dues or contributions may be deductible as a business or charitable expense. Please consult your tax advisor.

5. ABOUT YOU

WICT embraces diversity as a good business practice for the cable industry. Gathering this information from our members improves the design and content of our diversity initiatives.

ETHNICITY (SELECT ONE):

- African American
- Asian
- Caucasian
- Hispanic/Latino
- Other _____

AGE RANGE:

- 18–24
- 25–34
- 35–44
- 45–54
- 55+

ARE YOU A VETERAN? Yes No

4. SELECT CHAPTER

MEMBERSHIP INCLUDES A PRIMARY CHAPTER (WRITE ONE FROM BELOW): MY PRIMARY CHAPTER IS: _____

For \$30 per chapter, per year, you may choose additional chapters (not same as above):

- | | |
|--|--|
| <input type="checkbox"/> Northern California | <input type="checkbox"/> Greater Ohio |
| <input type="checkbox"/> Southern California | <input type="checkbox"/> Pacific Northwest |
| <input type="checkbox"/> Carolinas | <input type="checkbox"/> Greater Philadelphia |
| <input type="checkbox"/> Great Lakes | <input type="checkbox"/> Greater Pittsburgh |
| <input type="checkbox"/> Greater Chicago | <input type="checkbox"/> Rocky Mountain |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Southeast |
| <input type="checkbox"/> Heartland | <input type="checkbox"/> Southwest |
| <input type="checkbox"/> Greater Memphis-Jackson | <input type="checkbox"/> Greater Texas |
| <input type="checkbox"/> Midwest | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> New England | <input type="checkbox"/> Washington DC/Baltimore |
| <input type="checkbox"/> New York | <input type="checkbox"/> United Kingdom |

Find more chapter information at www.wict.org under Member/Chapter Services

6. PAYMENT INFORMATION

Membership with primary chapter \$ _____
Additional Chapters _____ x \$30 _____
Voluntary Contribution _____
Total \$ _____

PAYMENT TYPE:

- Check payable to WICT
- MasterCard
- Visa
- American Express
- Discover

7. RETURN TO

MAIL: WICT
2000 K Street
Suite 350
Washington, DC 20006

FAX: 202.450.5596
JOIN ONLINE: www.wict.org
QUESTIONS? 202.827.4794

Card Number Exp. Date CSC Code

Billing Address and Zip Code (Required)

Signature Name on Card



Women in Cable
TelecommunicationsSM