

2024 - 2025 Media Alliance of Houston Membership Request Form

DATE: _____

COMPANY NAME : _____

PRIMARY CONTACT: _____

EMAIL ADDRESS: _____

SECONDARY CONTACT: _____

EMAIL ADDRESS: _____

ADDRESS : _____

| QTY | PRICE | DESCRIPTON | TOTAL |
|-------|---------|-----------------------|-------|
| _____ | \$6,100 | GOLD MEMBERSHIP | _____ |
| _____ | \$4,100 | SILVER MEMBERSHIP | _____ |
| _____ | \$2,050 | BRONZE MEMBERSHIP | _____ |
| _____ | \$50 | INDIVIDUAL MEMBERSHIP | _____ |
| _____ | \$30 | JUNIOR MEMBERSHIP | _____ |

ADD ON OPTIONS

| | | | |
|-------|---------|---------------------------|-------|
| _____ | \$ 2000 | MEMBER GALA TABLE | _____ |
| _____ | \$ 200 | MEMBER GALA SINGLE TICKET | _____ |
| _____ | \$ 400 | BATTLE OF AD STARS TEAM | _____ |
| _____ | \$ 40 | LUNCHEON TICKET | _____ |

PAYMENT PREFERENCE :

Credit Card

Check

TOTAL _____

WE THANK YOU FOR YOUR SUPPORT OF OUR ORGANIZATION!
OUR TREASURER WILL BE CONTACTING YOU WITH AN INVOICE TO PAY PER YOUR PAYMENT PREFERENCE.
WE CAN OFFER DEFERRED PAYMENT OPTIONS.