

**(A.F.A.C.A.) AFRICAN AMERICAN FILM CRITICS ASSOCIATION**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:**  
\_\_\_\_\_

**Status**

**Active** (\$50.00): \_\_\_\_\_ **Associate** (\$35.00): \_\_\_\_\_ **Student** (\$15.00)

**Category**

**Print** \_\_\_\_\_ **Radio** \_\_\_\_\_ **TV** \_\_\_\_\_

**Circulation/Audience Reach** \_\_\_\_\_

**Education Level:** \_\_\_\_\_

**Professional Affiliations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work History**

Please provide a list of work samples.

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**Area(s) of Interest**

What are your goals and objectives in becoming a member of AAFCA?

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Please mail your completed application along with the appropriate membership fee to AAFCA – 1335 N. La Brea #2146, Los Angeles, CA. 90028. Membership processing will take 4-6 weeks. You will be notified at that time of your status.

Thank you!