



Membership Application Form
(Please type or print legibly)

Company Name:

1st Contact Name:

1st Contact Email:

1st Contact Phone + Ext (If any):

2nd Contact Name (If any):

2nd Contact Email (If any):

2nd Contact Phone + Ext (If any):

Street Address:

City:

State:

Zip:

Website:

Myspace.com/

Facebook.com/

Paid (Monies) or In Kind: Paid

Year Started in GDC: 2010

GDC Dues Renewal Date: 1/1/2011

**Return with check or Money Order to:
GaYBOR District Coalition, Inc.
C/O MC Film Fest
1901 N 15th St
Tampa, FL 33605**