



## Membership Application

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Thank you for joining Gateway Media Literacy Partners, Inc.

Please check one of the following categories:  Individual  Student  Organization

(For organization member, please fill in one contact, now, and GMLP will be in touch, soon, to get the names of the three members who will represent your organization.)

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

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Tel. #: (\_\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you interested in joining one of our committees?  Yes  No

If "yes," please check the ones you'd like to join:

Governance  Membership  Education  GMLP Media Literacy Week

Programming  Publications  Development

Please go to our "living" member survey. There you can input information and change it when you need to. You're also able to find others in the database and connect with them.  
(<http://www.surveymonkey.com/s.asp?u=623981332366>)

Please send completed application with your check to:

**Gateway Media Literacy Partners, Inc.**  
**P.O. Box 170071, St. Louis, Mo. 63117**

AGAIN, THANK YOU FOR YOUR GMLP MEMBERSHIP! --- Please visit our web site often.