



PFCS MEMBERSHIP APPLICATION

Please complete and return by email to: information@phoenixfilmcriticssociety.org

NAME: _____ CITY: _____

OUTLET(S): (select all that apply) (please indicate primary outlet)

TV _____

PRINT _____

RADIO _____

ONLINE _____

PRINT/AIR DATES: _____

DEADLINES: _____

Please list current links to your reviews for the above outlets, if links are not available please attach a pdf of print, an audio or video clip of two current reviews.

CONTACT INFORMATION:

Work phone: _____ Home phone: _____ Cell: _____

Email address: _____ Birthday: _____

Delivery Address: (must be street address) _____

SCREENERS: I Prefer DVD Blu-Ray