

**ACADEMY OF TELEVISION ARTS & SCIENCE**  
*Peer Group Change Form*

PLEASE NOTE: The fee for National Active membership is \$150.00 per year, Associate membership is \$75.00. If you upgrade from Associate status to National Active, please include payment for the additional \$75.00. Payment must be received with this form.

NAME \_\_\_\_\_

PHONE NUMBERS \_\_\_\_\_

MAILING ADDRESS IF CHANGED \_\_\_\_\_

HOME \_\_\_\_\_

OFFICE \_\_\_\_\_

EMAIL \_\_\_\_\_

I DO NOT WISH TO RECEIVE CORRESPONDENCE VIA EMAIL

CURRENT PEER GROUP \_\_\_\_\_

National Active

Associate

PREFERRED PEER GROUP \_\_\_\_\_

National Active

Associate

Please provide your credits qualifying you for new Peer Group or status. Attach additional credits and/or resume. This form can be faxed to 818/754-2808.

| DATES<br><small>(use month/year format)</small> | EMPLOYER | TITLE / POSITION | # OF ON-AIR EPISODES/ HOURS | CONTACT NAME & PHONE NUMBER |
|---|----------|------------------|-----------------------------|-----------------------------|
|   |          |                  |                             |                             |
|   |          |                  |                             |                             |
|   |          |                  |                             |                             |
|   |          |                  |                             |                             |
|   |          |                  |                             |                             |

- Check enclosed
- VISA
- MasterCard

CARD NUMBER \_\_\_\_\_ EXP \_\_\_\_\_

AUTHORIZING SIGNATURE \_\_\_\_\_

Governor Signature of Approval \_\_\_\_\_ Date \_\_\_\_\_