

**Membership Requirements:**

Minimum 3 years experience in children's media industry\*, sponsorship by a current WiCM member, annual dues, and a true passion for working in children's media.

\* In honor of the many devoted women with fewer than 3 years experience who have supported the organization, WiCM is now accepting applications from entry-level professionals.

**Applicant Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Personal Email \_\_\_\_\_

Employer \_\_\_\_\_

Current/Most Recent Title \_\_\_\_\_

Business Address \_\_\_\_\_

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

Business Phone \_\_\_\_\_ Business Email \_\_\_\_\_

Please indicate where you would prefer to receive mail/calls  home  work

...prefer to receive email  home  work

Can WiCM publish your preferred contact information in a searchable member directory available only to other WiCM members?

Yes  No

In which children's media industry do you work?

Television  Film  Publishing  Interactive  Music

School-based Media  Other (please specify) \_\_\_\_\_

How did you hear about WiCM? \_\_\_\_\_

**Work Experience**

Please provide your work experience below. WiCM uses this information to plan seminars, create networking opportunities, and organize learning workshops that best benefit our members.

Career Goal(s):

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Employer/Production

Credit/Title

Dates

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1. Would you like to join a WiCM committee? If so, please indicate which:

- Membership
- Events
- Communications (Website & Professional Education)
- Organizational Development
- Business and Finance

**Women in Children’s Media Sponsor**

This section should be completed either by your WiCM sponsor or with their information. If you do not have a sponsor, please contact our Membership Chair at: [membership@womeninchildrensmedia.org](mailto:membership@womeninchildrensmedia.org), to be matched with someone.

Sponsor’s Name \_\_\_\_\_

Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Email \_\_\_\_\_

**A Note on Dues**

Membership dues are \$150.

WiCM membership fees are due within one month of your membership approval by WiCM.

**Completing Your Application**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please send completed applications to our Membership Chair at:

Women in Children’s Media  
Ansonia Station  
PO Box 231480  
New York, NY 10023

By completing this membership application, I certify that I am seeking to become an active member of WiCM for the period of one year (12 months), and that I agree to abide by the principles of the organization. I certify WiCM to contact me through my preferred contact information as stated in this application and to distribute my contact information with permission. I further agree that I will not lend personal information of any other member without their explicit permission. I acknowledge that my membership is not transferable to a third party and is non-refundable.