

SANTA MARIA COMMUNITY TELEVISION

MEMBERSHIP APPLICATION

Annual Membership Type (check one): Individual _____ Organization _____

If applying for an individual membership, please complete this section:

Name (First, middle initial, last):

Address (street, city, state, zip):

Phone: (Work, home, cellular):

E-mail: _____

Do you have prior experience in television production? Yes ____ No ____

Describe your TV production experience: _____

What are your programming goals at SMCTV? _____

If applying for an organization membership, please complete this section:

Name of Organization: _____

Address: _____
Street City State Zip

Name of representative agent or officer: _____

Phone: _____ E-mail: _____

(check one)

_____ Individual residing in City of Santa Maria: \$25

_____ Individual residing outside of City of Santa Maria: \$25

_____ Nonprofit or institution based City of Santa Maria: \$25

_____ Nonprofit or institution based outside City of Santa Maria: \$25

If paying by check, make check payable to: City of Santa Maria

For TAP TV Staff Use only:

Membership can only be approved AFTER the person applying has signed SMCTV Policies and Procedures and the Channel Use Agreement. When this has been done, CHECK HERE: _____

Receipt issued by (Name of SMCTV employee): _____

Date membership approved: ___/___/___

Membership is valid for one year