



**Santa Maria  
Community  
Television  
Channels 23 24 25**

910 South Oakwood Drive, Santa Maria, CA 93454 805-925-9176 (FAX) 805-925-4176 www.smctv.com

**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 Below - Membership Valid for One Year**

- \_\_\_\_\_ 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 SMCTV Staff Use only:**

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

Receipt issued by (Name of SMCTV employee): \_\_\_\_\_ Date membership approved: \_\_\_/\_\_\_/\_\_\_