

# Bourne Community Television

## MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt/Suite: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

\*Date of Birth required only to determine Youth/Senior membership eligibility!

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Would you like to receive information and updates by email? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Are you interested in: Classes \_\_\_ Volunteering \_\_\_ Production Crew \_\_\_

Producing a show \_\_\_ Supporting BCTV \_\_\_ Office support \_\_\_

Do you want your name and phone made available to BCTV members seeking crew?

Yes \_\_\_ No \_\_\_

Type of program you might be interested in producing:

Talk Show \_\_\_ Instructional/Educational \_\_\_ Entertainment \_\_\_

Sport/Recreational \_\_\_ Other \_\_\_ Please give a brief description:

\_\_\_\_\_ None at this time \_\_\_\_\_

\*Membership desired: Individual \$30 \_\_\_ Youth (under 18)/Senior (62 & over) \$15 \_\_\_

Family (up to 4 within the same household) \$60 \_\_\_ 10 year membership \$150 \_\_\_

Non-Profit Group \$100 (3 individuals...\$15 each additional individual member) \_\_\_

Business \$125 (3 individuals...\$15 each additional individual member) \_\_\_

\*All memberships are 1 year unless otherwise noted

Mail completed form along with check/money order payable to Bourne Community Television

to: Bourne Community Television

P.O. Box 3055

Bourne, MA 02532-3055