

**FOR OFFICE USE
RENEWAL:**



ORGANIZATIONAL MEMBERSHIP APPLICATION

Organization Name: _____

Contact Person: _____

Street Address: _____

Website Address: _____

Main Phone Number: _____

INDIVIDUAL REPRESENTATIVES

Name	Phone Number	E-Mail

**** Representatives Must be Over the Age of 18**

WHAT ARE YOU INTERESTED IN DOING WITH LPCTV?

- | | |
|--|---|
| <input type="checkbox"/> Video production (studio) | <input type="checkbox"/> Photography / Graphic Design |
| <input type="checkbox"/> Video production (on-location) | <input type="checkbox"/> Submitting Programming |
| <input type="checkbox"/> Editing | <input type="checkbox"/> Training Workshops |
| <input type="checkbox"/> Bulletin Board / Community Calendar | <input type="checkbox"/> Audio Production / Music |

Annual Level of Support - LPCTV needs your help to keep our training programs going, our equipment maintained, and our channels on the air. Please

WE WILL:

Make an annual contribution of \$50 to LPCTV towards.

Interested in Volunteering? We can always use help around the studio or out in the field. We'll help match you with your interests.

Yes, I'm interested. Please contact me.

CHECK INTEREST AREAS:

- | | |
|---|---|
| <input type="checkbox"/> Videotaping events | <input type="checkbox"/> Submitting content |
| <input type="checkbox"/> Studio production | <input type="checkbox"/> Graphics |
| <input type="checkbox"/> Borrowing cameras | <input type="checkbox"/> Audio |
| <input type="checkbox"/> Editing | |

LPCTV reserves the right to refuse service to individuals based on violation of its Policies & Procedures. All members will be made aware of the Policies & Procedures pertaining to memberships, use of equipment, and facility use. Memberships will be subject to renewal on an annual basis.

Representatives and the director, president, or managing officer of the organization will be held accountable for use of LPCTV equipment and its facility.

Applicants, please sign here to indicate you understand the terms of their LPCTV membership.

Director, President, or Managing Officer Sign Here:

Signature: _____

Title: _____

Date: _____