

Community Access Television
Organizational Membership Form

Date _____

Name of Organization _____

Address _____ City/State/Zip _____

Contact Person _____ Phone (work) _____ Phone (home) _____

Please print the requested information for each member who will be receiving TV production training and/or access to production/editing equipment and assistance. The minimum number of persons is five, the maximum is ten. **Each individual must also complete and sign an individual membership application form.**

Name _____
Address _____
City _____ State _____ Zip _____
Work # _____ Home # _____

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Address _____
City _____ State _____ Zip _____
Work # _____ Home # _____

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Organizational Membership \$60.00 plus Members' fees at \$20.00 per person \$ _____ = \$ _____

Mail or deliver membership applications and payments to Community Access Television, 142 West 12 Street, Erie, PA 16501. The organization as a whole receives the right to have one representative vote, in person, at CAT membership meetings, including the annual election of membership representation on the Board of Trustees.

Received: _____

Check/cash: _____

By: _____ Date: _____