NON-PROFIT MEMBERSHIP FORM

❑ **Non-profit Organization Membership $150**

816 Pacific Avenue ❖ Santa Cruz ❖ California ❖ 95060
Phone: 831-425-8848 ❖ Fax: 831-425-3958
❖ *www.communitytv.org* ❖ *facebook.com/CTVsantacruzcounty*
❖ *twitter.com/CTVsantacruz* ❖ *youtube.com/user/CTVsantacruz*

Non-Profit Organization **Membership includes:**

- Two *Non-profit Organizational Producer* memberships with eligibility to take classes and use the facilities and equipment of Community Television, and one vote in CTV member elections
- $20 per each additional *Non-profit Organization Producer* membership (memberships will be prorated to coincide with the non-profit organization's renewal date)
- CTV Non-Profit Organization Orientation and one staff-supported Studio PSA
- 10% discount on CTV production services and classes
- Custom Community Calendar slide on CTV's Channels
- Link to non-profit's website on the CTV website

Organization Name _____

Street Address _____ **City/State/Zip** _____
(if different than mailing address)

Mailing Address _____ **City/State/Zip** _____

Phone Number _____ **Fax** _____

E-Mail Address _____

Producer 1 Name _____ **Phone** _____

E-Mail Address _____ **Date of Orientation** _____

Producer 2 Name _____ **Phone** _____

E-Mail Address _____ **Date of Orientation** _____

Going Green! CTV is required to send election notifications to all our members. With your permission, we would like to use your email address for these and other membership mailings rather than snail mail (USPS).

Check 'YES' here if you would prefer to receive these paperless notifications. ❑ **YES** ❑ **NO**

IMPORTANT! Add *info@communitytv.org* to your address book to avoid SPAM filters.

PLEASE READ BEFORE SIGNING

In signing this membership application, you indicate that you are in agreement with the purposes of Community Television of Santa Cruz County, Inc., as stated in our Bylaws, that you desire to be an organizational member, and that your organization is based in Santa Cruz County.

Signature for Organization _____ **Date** _____

STAFF USE Amount received $_____ Date received _____ ❑ Cash ❑ Check ❑ CC/PP

Receipt # _____ Data entered by Staff Init. _____

Welcome Packet Sent: _____ 6/6/11kd