



# 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](http://www.communitytv.org) ❖ [facebook.com/CTVsantacruzcounty](https://facebook.com/CTVsantacruzcounty)  
❖ [twitter.com/CTVsantacruz](https://twitter.com/CTVsantacruz) ❖ [youtube.com/user/CTVsantacruz](https://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 Organizational 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](mailto: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