



COMMUNITY
TELEVISION
OF SANTA CRUZ COUNTY

MEMBERSHIP APPLICATION

(Note: Members' names and addresses may be made available to other members.)

816 PACIFIC AVENUE · SANTA CRUZ · CALIFORNIA · 95060
PHONE: 831-425-8848 · FAX: 831-425-3958

PLEASE READ BEFORE SIGNING

Thank you for your interest in becoming a member of CTSCC. Membership in Community Television entitles you to enroll in Community Television's training workshops (some additional training fees required) and to use at no additional cost Community Television's facilities and equipment (upon certification of proficiency) to produce programming. Membership also entitles you to additional benefits, as described on the reverse side of this application.

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 a member, and that you reside in Santa Cruz County. (Both mailing and residence address must be in Santa Cruz County.)

PLEASE NOTE: A parent or guardian must also sign for those under age 18.

I would like to become a member (Please see reverse for details.)

I would like to renew my membership

Supporting Viewer \$15

Producer \$25

Student \$20 (Student ID required)

Friend \$50

Donor \$100

Founder \$250

Sponsor \$500

Patron \$1000

Date _____

Name (please print legibly) _____

Date of Orientation: _____

Organization Name (If joining as other than an individual—Friend level and above*): _____

Residence Address _____
(No P.O. Boxes Please)

City/State/Zip _____

Mailing Address _____
(if different than above)

Phone Number _____ May we release your # to members? YES NO

E-mail Address _____ May we release your email to members? YES NO

Signature _____

Guardian's Signature _____ Birthdate of Minor _____ Turns 18 on _____

*Please note that the person named above will be the considered the organizational representative for voting purposes

FOR STAFF USE ONLY: Staff initials _____ Date _____

Member: Received \$ _____ cash or check (receipt #. _____) OR qualified for scholarship (verification attached)

Entered in database by: _____

BENEFITS OF MEMBERSHIP

(Term of membership is 1 calendar year from the date of application)

Individuals:

Supporting Viewer (\$15) Opportunity to participate in the governance of Community Television and support the mission of CTV. Subscription to the monthly CTV newsletter and a copy of the Annual Report.

Producer (\$25) All the benefits listed above plus eligibility to take classes and use the facilities and equipment of Community Television.

Student (with valid student ID) (\$20) All the benefits listed above.

Individuals and non-profit organizations:

Friend (\$50) All the benefits listed above, plus a thank you gift and acknowledgment in CTSCC's Annual Report.

Donor (\$100) All the benefits listed above, plus a Community Television T-shirt.

Founder (\$250) All the benefits listed above, plus a televised acknowledgement made on your behalf (or for the charity or group of your choice), an additional thank you gift and a complimentary lunch with the Executive Director or Board member of your choice.

Sponsor (\$500) All the benefits listed above, plus a free public service announcement (for the charity or group of your choice) that will be televised regularly on our channels.

Patron (\$1,000) All the benefits listed above, plus a wall plaque with your name on it at the facility and sponsorship of an hour of prime-time programming.