



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

[] Basic \$25 (Scholarships are available to qualified individuals upon completion of a Declaration of Eligibility form and approval by the Executive Director.)

[] 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:

Basic Member (\$25): Benefits include the opportunity to participate in the governance of the organization (i.e. eligibility to vote for elected Directors of the Board and on all matters submitted to a vote of the membership, eligibility to run for election to the Board), receiving Community Television's Annual Reports and Newsletter, and eligibility to use the facilities and equipment of Community Television, including cameras, editing equipment, studio time, etc. Intended for individuals.

Student Member (\$20): Same benefits as Basic Member. Requires student ID.

Individuals, non-profit organizations, and small businesses:

Friend (\$50): All the benefits of Basic Member, acknowledgment in CTSCC's Annual Report and a CTSCC mug.

Donor (\$100): All the benefits above, a Community Television T-shirt and a complimentary videotape copy of the CTSCC program of your choice.

Founder (\$250): All the benefits above, a televised acknowledgment (may be made on behalf of a charity or group of your choice), an additional T-shirt and videotape copy of the program of your choice, and a complimentary lunch with the Director (or Board member of your choice).

Sponsor (\$500): All benefits above and staff production of a free public service announcement for the charity of your choice to be televised regularly on our channels.

Patron (\$1000): All benefits above, plus a wall plaque at the facility and sponsorship of an hour of prime-time programming.