



# MEMBERSHIP APPLICATION FORM

FIRST NAME		MI	LAST	SUFFIX
ADDRESS			HOME PHONE	
			FAX	
CITY	ZIP	MOBILE/MSG		
EMAIL				
ARE YOU OVER 18 YEARS OF AGE?		YES <input type="checkbox"/>	NO <input type="checkbox"/> If no a parent or guardian must sign for you.	
DO YOU WORK IN VALLEJO?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
CURRENT EMPLOYMENT INFORMATION, INCLUDING PLACE OF EMPLOYMENT, BUSINESS PHONE (OPTIONAL)				
Please list any community affiliations, i.e. clubs, churches, and organizations.				

## Membership Level

TYPE	INDIVIDUAL	FAMILY	SENIOR	ORGANIZATION	BUSINESS
BASIC MEMBERSHIP	<input type="checkbox"/> \$25	<input type="checkbox"/> \$40	<input type="checkbox"/> \$15	<input type="checkbox"/> \$40	<input type="checkbox"/> \$60
PRODUCER	<input type="checkbox"/> \$40	<input type="checkbox"/> \$75	<input type="checkbox"/> \$25	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200
ADVANCED PRODUCER	<input type="checkbox"/> \$60	<input type="checkbox"/> \$95	<input type="checkbox"/> \$45	<input type="checkbox"/> \$150	<input type="checkbox"/> \$300
STUDENT	<input type="checkbox"/> \$0	NA	NA	NA	NA
SCHOLARSHIP	<input type="checkbox"/> \$0	NA	NA	NA	NA

I understand that as a member of VCAT that I must agree to comply with Vallejo Community Access Television Policies and Procedures and I understand that failure to do so may result in the loss of member privileges.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian (If under 18)

\_\_\_\_\_  
Relationship

