

# Wareham Community Television, Inc.

## Membership Registration

Membership to WCTV is available to all residents of Wareham, employees of Wareham businesses and all organized groups in Wareham. Minors require parental or legal guardian authorization to join.

Please copy the Membership Registration form, fill it out and mail it with your check.

Categories of Annual Membership:

1. **Individual Membership** (minimum age 12) -- \$15 (Note: An individual who is unable to pay the annual fee may arrange with the Executive Director to do community service at our studios)
2. **Organizational Membership** -- \$75 for 3 individuals; \$15 for each additional member. (Educational institutions, local governments, health care, social services, arts, environmental, religious, and any other nonprofit organizations.) Membership covers three people representing the organization. All programs must relate to the organization's purpose.
3. **Business Membership** -- \$100 for 3 individuals; \$15 for each additional member. All programs must relate to the organization's purpose.
4. **Family Membership** -- \$25 for up to 4 individuals in the same household.
5. **Associate membership**- Individual only, \$15 annual fee. Available to those individuals who do not meet regular membership requirements. Associate members must be sponsored by an active WCTV member and do not have voting rights nor can they sponsor or produce programs. They may receive training if they are working on a WCTV member's program.

**(Financial Hardship grants are available to all applicants. Please ask the staff for details.)**

All dues are non-refundable.

Benefits of membership: Voting privileges at the WCTV annual meeting (one vote per membership), open access to basic television production courses, after completing our TV courses membership members are entitled to unlimited use of WCTV's production equipment, facilities and channel time for the production of community based programming.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Town \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone: \_\_\_\_\_ (H) \_\_\_\_\_ (Cell)

E-Mail Address \_\_\_\_\_

If membership includes additional personnel they must be listed with email and telephone information to receive WCTV member benefits. (use the reverse side if necessary).