

BCTV Membership Form 2009-2010

Membership Valid 7/1/09 9/30/10

Please print legibly

Name:

Date:

Mailing Address:

Street _____

Town _____

State _____

Zip _____

Email Address:

Phone

Home: _____

Cell _____

Signature: _____

I have read the BCTV Policies and Procedures and agree to abide by them:

Parent Signature _____

(If Member is under 18)

I consent to allow my child to be a member of BCTV in accordance with the BCTV Policies and Procedures:

Would you like to receive the BCTV Program Schedule via email? Y / N

Are you interested in crewing for productions? Y / N

Video Production Interests/Skills:

Though your membership is free, we ask new or renewing members for a suggested donation of \$5.00 or more to support BCTV.

Amount donated:

Staff Use Only:

Date Received _____

By _____

Submit/Mail to:

Brattleboro Community Television, 230 Main St. #201, Brattleboro, VT 05301 802 257 - 0888

Membership form and more info available on our website: www.bctv8.org

