

BCTV Membership Form 2008-2009

Membership Valid 7/1/08 - 9/30/09

Please print legibly

Name:	Date:
Mailing Address: Street _____ Town _____ State _____ Zip _____	
E-mail Address:	
Phone Home: _____ Cell _____	
I have read the BCTV Policies and Procedures and agree to abide by them: 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: Parent Signature _____	
Would you like to receive the BCTV Program Schedule via e-mail? 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	