

BERKELEY COMMUNITY MEDIA



Membership Application

Type of membership: Individual (resident) Organization
 Youth Non-resident volunteer

First and last name (please print clearly)

Street address

City, State, Zip

Home phone

E-mail address

Work phone

Name of individual/ organizational representative designated to vote for board of directors, if not yourself _____

May we give your contact info out to other members? Yes No

Please include me on the following mailing lists: Newsletter Email
 Fundraising Event Announcement

Please complete the following questions for our records:

Are you a cable subscriber Yes No

If yes, how often do you watch B-TV 28? _____ B-TV 33? _____

(Daily, Weekly, Monthly, Never)

How did you hear about BCM? _____

What is your age: < 18 18-25 26-34 35-44 45-54 > 55

What is your income group: < 20,000 20-30,000 30-45,000 > 45,000

By signing below, I certify that I have received a copy of Berkeley Community Media (BCM) Rules and Operating Procedures handbook; that I agree to uphold BCM's mission to create an electronic free-speech forum in order to encourage democratic involvement and build community; and that I will fully comply with BCM's rules, restrictions and procedures.

Signature _____ Date _____

If applicant is under 18 years old:

I certify that I am the parent/guardian of the above applicant, a minor under the age of 18 years. I hereby agree to assume all responsibilities for his/her activities referred to in this agreement.

Name of parent _____ Daytime phone # _____

Parent signature _____ Date _____