



Member Application

Please Check One:

Student Member - (Individual Member)	\$40.00
Producer Member - (Individual Member)	\$60.00
Non-profit Organization - (Includes One Organization Representative)	\$90.00
For-profit Organization - (Includes One Organization Representative)	\$140.00
Organization Member - (Additional Members of a non-profit or for-profit)	\$40.00

Name _____ Pronouns _____

Address _____ City/State/Zip _____

Phone (home) _____ Phone (cell) _____

E-mail address _____ If under 18, date of birth _____

Ethnicity _____ (Prefer not to answer) _____

If under 18, name of parent, guardian, or school representative _____

Relationship _____ Address _____

City/State/Zip _____

Phone (home) _____ Phone (cell) _____

(For Organization Members) Name and Address of Organization: _____

Membership Eligibility Steps

1. Attend CAM Jam.
2. Complete and sign membership form
3. Pay current membership fee

Membership Liability

I shall pay, in a responsible and timely manner, the cost of repair or replacement of CAM equipment resulting from damage beyond normal wear and tear, inoperability due to misuse or theft while such equipment is in my possession. I understand that I am responsible for reading and agreeing to the terms and conditions outlined in my Media Center Manager account. A hard copy of these documents are available upon request.

Membership Benefits

Individual Members will receive promotional mailings, free access to basic media production training, equipment, and assistance, and the right to vote, in person, at membership meetings, including the annual election of membership representation on the City of Erie Cable TV Access Corporation Board of Trustees.

Organization Members: Each identified person of an Organizational Membership will receive promotional mailings, plus free access to media production training workshops, equipment and assistance. The organization as a whole receives the right to have one representative vote, in person, at membership meetings, including the annual election of membership representation on the Board of Trustees.

DISCLAIMER: By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

Signature: _____ Date _____

Must be signed by responsible party 18 or older.

STAFF USE ONLY

Referred by: _____ Amount Received: _____ Payment Type _____