



Marshfield Community Television Membership Application

Name _____

Organization (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Mailing Address (if different from above) _____

Home Phone _____ Work Phone _____

Other Phone _____ Email Address _____

Emergency Contact _____ Phone _____

How do you wish for information to be sent to you (Please Check one):

Email _____ USPS Mail _____

May we provide your name and the following contact information to other MCTV members needing help with their productions?

Phone numbers _____ Yes _____ No Email Address: _____ Yes _____ No

Are you willing to volunteer for productions? ___ Yes ___ No

Are you a cable subscriber ___ Yes ___ No

How often do you watch Access Television? ___ Daily ___ Weekly ___ Monthly

How did you hear about MCTV? _____

MEMBERSHIP TYPES

___ New Member ___ Renewal

___ Youth/Senior Membership \$15 (under 18 years of age/over 62 years of age)

___ Student Membership \$15 (must be enrolled in a two or four year undergraduate program or post graduate program; proof of enrollment i.e.: school ID)

___ Individual Membership \$30

___ Family Membership \$60 (up to 4 members; membership forms must be completed for each member)

___ Non-Profit Organization \$75 (includes five members; additional members: \$10 per person)

Number of additional members ___

___ Business Organization \$100 (includes four members; additional members \$15 per person)

___ Lifetime Membership \$120

Number of additional members ___

Total Amount Due \$ _____

For Non-Profit and Business memberships, individual memberships forms must be filled out as well as a form for the Organization

Payment Information For Office Use

(We are unable to take cash payments) Date Received _____

Check or Money order, made payable to MCTV Check Number _____
Expiration _____

Payments may be made in person at the office or you may mail this form

Receipt _____

With payment to: **Marshfield Community Television 167 Forest Street.
Marshfield, MA. 02050**