

# *Marshfield* COMMUNITY TELEVISION

## Agreement of Rules and Operating Procedures

I understand and agree with the Marshfield Community Television Rules and Operating Procedures.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Organization Address: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

MCTV Staff Witness: \_\_\_\_\_