

DRACUT ACCESS TELEVISION, INC. MEMBERSHIP APPLICATION

FAMILY MEMBERSHIP

FEE \$20.00

Please make checks payable to: DATV, Inc.

Return to:

DATV, Inc.

91 Mill Street, Suite 7

Dracut, MA 01826

PLEASE PRINT:

PRIMARY MEMBER NAME: _____

FAMILY MEMBERS: (Must reside in same household as Primary Member)
(Please indicate any minor children <18 years of age)

(Please note: You must be a Dracut Resident to become a member of DATV)

ADDRESS: _____

EMAIL ADDRESS: _____ @ _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

FOR OFFICE USE ONLY:

Payment received on: _____ Check # _____ or Cash Rec'd by: _____

RENEWALS:

DATE / INIT						
PYMT AMT/ TYPE						

Cash / Check # / Volunteer Hrs.

DRACUT ACCESS TELEVISION, INC. MEMBERSHIP APPLICATION

INDIVIDUAL MEMBERSHIP

FEE \$10.00

(fee may be waived in lieu of 8 hours volunteer service approved by DATV Board of Directors)

Please make checks payable to: DATV, Inc.

Return to:

DATV, Inc.

91 Mill Street, Suite 7

Dracut, MA 01826

PLEASE PRINT:

NAME: _____

(Please note: You must be a Dracut Resident to become a member of DATV)

MAILING ADDRESS: _____

EMAIL ADDRESS: _____ @ _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

FOR OFFICE USE ONLY:

Payment received on: _____ Check # _____ or Cash Rec'd by: _____

RENEWALS:

DATE / INIT						
PYMT AMT/ TYPE						

Cash / Check # / Volunteer Hrs.

DRACUT ACCESS TELEVISION, INC. MEMBERSHIP APPLICATION

ORGANIZATION MEMBERSHIP

FEE \$30.00

Please make checks payable to: DATV, Inc.

Return to:

DATV, Inc.

91 Mill Street, Suite 7

Dracut, MA 01826

PLEASE PRINT: (Please note: The Organization must be based in Dracut)

ORGANIZATION NAME: _____

MAILING ADDRESS: _____

_____ Dracut, MA 01826 _____

EMAIL ADDRESS: _____ @ _____

Representative Information:

(One Representative is included in fee; \$10 fee for each additional representative)

(Representative does not have to be a resident of Dracut)

NAME: _____

ADDRESS: _____

Street

_____ City

_____ State

_____ Zip

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

FOR OFFICE USE ONLY:

Payment received on: _____ Check # _____ or Cash Rec'd by: _____

RENEWALS:

DATE / INIT						
PYMT AMT/ TYPE						

Cash / Check # / Volunteer Hrs.

DRACUT ACCESS TELEVISION, INC. MEMBERSHIP APPLICATION

ORGANIZATION MEMBERSHIP

ORGANIZATION NAME

ADDITIONAL REPRESENTATIVES

NAME: _____

ADDRESS: _____

Street

City, State Zip

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ @ _____

NAME: _____

ADDRESS: _____

Street

City, State Zip

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ @ _____

FOR OFFICE USE ONLY:

Payment received on: _____ Check # _____ or Cash Rec'd by: _____

RENEWALS:

DATE / INIT						
PYMT AMT/ TYPE						

Cash / Check # / Volunteer Hrs.