



Dracut Access Television, Inc.
FAMILY
MEMBERSHIP APPLICATION

ANNUAL FEE \$20.00

Fee may be waived in lieu of 8 hours or more of volunteer service

Please make check payable to:
Dracut Access Television, Inc. (or DATV)

PRIMARY NAME: _____

FAMILY MEMBERS:

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

ADDRESS: _____

EMAIL: _____

HOME PHONE: _____

MOBILE PHONE: _____

Dracut Access Television, Inc.
91 Mill Street Suite #8
Dracut, MA 01826
(978) 957-5522

FOR OFFICE USE ONLY:

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

RENEWALS:

DATE/INIT								
PYMT AMT/TYPE								



DRACUT ACCESS TELEVISION, INC.

Agreement with Policies and Regulations (Form B)

Dracut Access Television, Inc.
91 Mill Street, Suite 8
Dracut, MA 01826
978-957-5522

FOR PRODUCERS

I, _____ HAVE READ, AND AM FAMILIAR WITH AND AGREE TO ABIDE BY DRACUT ACCESS TELEVISION, INC. POLICY AND REGULATIONS AS SET FORTH IN THIS DOCUMENT.

MEMBERS SIGNATURE _____

DATE _____

For PARENT or LEGAL GUARDIAN if Producer is under 18 years of age:

I, _____ HAVE READ, AND AM FAMILIAR WITH THE DRACUT ACCESS TELEVISION, INC. POLICY AND REGULATIONS AS SET FORTH IN THIS DOCUMENT, AND AGREE TO ACCEPT RESPONSIBILITY OF MY MINOR CHILD.

PARENT/LEGAL GUARDIAN SIGNATURE _____

DATE _____