



**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:** \_\_\_\_\_

**DATE OF BIRTH:** MO \_\_\_\_ / DAY \_\_\_\_ / YEAR \_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**MOBILE PHONE:** \_\_\_\_\_

**Add'l FAMILY MEMBERS:**

*(\*Must reside in same household as Primary Member.)*

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

**FOR OFFICE USE ONLY:**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Payment Method: Credit Card:  Cash:  Check:  # \_\_\_\_\_

**RENEWALS:**

DATE/INIT								
PYMT AMT/TYPE								



# DRACUT ACCESS TELEVISION, INC.

*Agreement with Policies and Regulations (Form B)*

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

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## **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 \_\_\_\_\_