



Dracut Access Television, Inc.
ORGANIZATION
MEMBERSHIP APPLICATION

ANNUAL FEE \$30.00 *(*Includes One Primary Representative)*

Please make check payable to:

Dracut Access Television, Inc. (or DATV)

Organization Information: *(*Note- Organization MUST be based in Dracut, MA)*

NAME: _____

ADDRESS: _____

EMAIL: _____

HOME PHONE: _____

MOBILE PHONE: _____

PRIMARY Representative Information: *(*included in Organizational Fee)*

NAME: _____

DATE OF BIRTH: MO ____/DAY ____/YEAR ____

ADDRESS: _____

EMAIL: _____

HOME PHONE: _____

MOBILE PHONE: _____

ADDITIONAL Representative(s): *(*\$10.00 Fee per each additional Representative)*

NAME: _____ **DATE OF BIRTH:** ____/____/____

ADDRESS: _____

EMAIL: _____

HOME PHONE: _____

MOBILE PHONE: _____

NAME: _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____

EMAIL: _____

HOME PHONE: _____

MOBILE PHONE: _____

NAME: _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____

EMAIL: _____

HOME PHONE: _____

MOBILE PHONE: _____

NAME: _____ DATE OF BIRTH: ____/____/____

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:

Date: ____/____/____ Payment Method: Credit Card: Cash: Check: # _____

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 _____