

New Producer



Manchester Community Access Media, Inc.

First Name

Last Name /or/ Non-Profit Org. Name

Address

City

State ZIP

Home Phone

Other Phone

E-Mail



Statement of Compliance

By signing below, I hereby acknowledge that I have read and fully understand the approved policies and procedures as described in the Manchester Community Access Media Policies & Procedures Manual, and agree to abide by those rules or face disciplinary action as described.

I understand that when representing myself as a member of Manchester Community Access Media that I will abide by the established code of conduct, and that I am personally responsible for the content contained in programs that I produce and/or sponsor on MCAM.

Print Full Name _____

Valid Phone Number _____
(to be made available to general public upon request)

Signature _____ Date _____

Each Membership tier is eligible for one (1) weekly scheduled program

<input type="checkbox"/> Individual Membership \$50	<input type="checkbox"/> Organization Membership \$100
<input type="checkbox"/> Family Household Membership \$75	<input type="checkbox"/> Business Membership \$150
<input type="checkbox"/> Student or Senior Membership \$25	<input type="checkbox"/> Magnetic Swipe Card \$10 deposit (optional)

