

# MEMBERSHIP FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

E-mail \_\_\_\_\_

*If you are representing an organization or business:*

Organization /Business: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ fax \_\_\_\_\_

E-mail \_\_\_\_\_

***I have read, understand and agree to abide by the policies and guidelines of CCTV. I understand that I am fully responsible for the content of my programming on the access channel and for all CCTV equipment and facilities that I use.***

\_\_\_\_\_  
***Your Signature***

\_\_\_\_\_  
***Today's Date***

\_\_\_\_\_  
***If under 18 years of age, sign. of parent / guardian***

\_\_\_\_\_  
***Today's Date***