

MEMBERSHIP FORM

Name _____

Address _____

Telephone (day) _____ (evening) _____

E-mail _____

If you are representing an organization or business:

Organization /Business: _____

Address: _____

Telephone: _____

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