



**Community Access Partners of
San Buenaventura
CAPS-TV Channel 6
VTV Channel 15**

Membership Application

Welcome to CAPS-TV, a member organization facilitating cable access for Ventura residents and non-profit organizations. To join, just complete this form and submit in person with appropriate fee and proof of residency or employment. By becoming a member you are joining a special group of people who believe that public access television is an important part of our community. Thank you for your support and we look forward to helping with your projects.

Membership Categories: (choose one only)

_____ Individual, includes one voting membership with full access privileges -\$25 annual fee. You must be a Ventura resident or an employee/student of a Ventura County non-profit, business or school. Proof of residency, employment or enrollment required – utility bill, business or school ID, library card, etc.

_____ CAPS Board Partner Representative (City of Ventura; Ventura College, VC Library, Ventura Unified School District), includes one voting membership with full access privileges – No fee

_____ Non-profit Organization, includes one voting membership and 3 additional representatives with media center privileges - \$75.00 annual fee. Any Ventura County non-profit is eligible that services the City of Ventura. A letter with proof of employment on organization letterhead and a list of all four representatives must be presented before privileges are activated (see reverse side).

Where did you hear about CAPS-TV? _____

Would you like to be on CAPS-TV mailing list? Y N Is it okay to give out your contact information? Y N

Would you be interested in attending a fee-based Producer's Seminar for Non-Profits? Y N

Would you like to volunteer for CAPS-TV productions? Y N If yes, also please fill out a volunteer application

Please tell us your interests or how you will utilize CAPS-TV resources: _____

Individual Membership: (For Organization Membership Please See Other Side)

Date Submitted: ____/____/____

Name: _____ Organization/Business (if appl.) _____

Street Address _____ Ventura, CA Zip _____

Home Phone: _____ Work/Cell Phone: _____ Fax: _____

Email _____

Signature: _____ Date: ____/____/____

Parental Signature: (for minor applicants) _____ Date: ____/____/____

In order to be responsive to the entire community CAPS-TV has a "work equity" program for those with special circumstances or financial hardships allowing them to work on community-based projects instead of paying the membership fee. Please contact our Executive Director to inquire about this program.

STAFF SECTION ONLY: Note: Membership starts only when fees are paid and proof of eligibility presented
 Fee amount _____ CASH OR CHECK # _____ Assigned Facil Member # _____
 Proof of residency used _____ or Proof of Employment _____
 Staff Signature _____ Entered in Facil ____/____/____

Membership Application cont.

Organization Membership: (For Individual Membership Please See Other Side)

Please list up to four total individuals who will have privileges with the media center. If one of the four includes the contact representative you do not have to repeat the information. Proof of employment on organization letterhead must be presented before privileges may be activated.

Organization: _____

Type: (circle one) Community Government Educational Recreational Religious Service Other

Main Office Phone: _____ Main Office Fax: _____

Contact email: _____ URL: _____

Organization Contact:

Name: _____ Title or Pos. _____

Street Address _____ City/State/Zip _____

Home Phone: _____ Work/Cell Phone: _____ Fax: _____

Email _____

Signature: _____ Date: ____/____/____

Additional Members – only repeat information if different than above

Name: _____ Title or Pos. _____

Home Phone: _____ Work/Cell Phone: _____ Fax: _____

Email _____

Name: _____ Title or Pos. _____

Home Phone: _____ Work/Cell Phone: _____ Fax: _____

Email _____

Name: _____ Title or Pos. _____

Home Phone: _____ Work/Cell Phone: _____ Fax: _____

Email _____

Name: _____ Title or Pos. _____

Home Phone: _____ Work/Cell Phone: _____ Fax: _____

Email _____