



**Santa Maria
Community
Television
Channels 23 24 25**

910 South Oakwood Drive, Santa Maria, CA 93454 805-925-9176 (FAX) 805-925-4176 www.smctv.com

SANTA MARIA COMMUNITY TELEVISION

MEMBERSHIP APPLICATION

Annual Membership Type (check one): Individual _____ Organization _____

If applying for an individual membership, please complete this section:

Name (First, middle initial, last):

Address (street, city, state, zip):

Phone: (Work, home, cellular):

E-mail: _____

Do you have prior experience in television production? Yes _____ No _____

Describe your TV production experience: _____

What are your programming goals at SMCTV?

If applying for an organization membership, please complete this section:

Name of Organization: _____

Address: _____
Street City State Zip

Name of representative agent or officer: _____

Phone: _____ E-mail: _____

Check One Below - Membership Valid for One Year

- | | |
|---|------|
| _____ Individual residing in City of Santa Maria: | \$25 |
| _____ Individual residing outside of City of Santa Maria: | \$25 |
| _____ Nonprofit or institution based City of Santa Maria: | \$25 |
| _____ Nonprofit or institution based outside City of Santa Maria: | \$25 |

If paying by check, make check payable to: City of Santa Maria

For SMCTV Staff Use only:

Membership can only be approved AFTER the person applying has signed SMCTV Policies and Procedures. When this has been done, CHECK HERE: _____

Receipt issued by (Name of SMCTV employee): _____ Date membership approved: ___/___/___