



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

110 East Cook Street, Room One, Santa Maria, CA 93454 (805)-925-0951 Ext 2501 www.smctv.tv

**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:
- \_\_\_\_ Individual residing outside of City of Santa Maria:
- \_\_\_\_ Nonprofit or institution based City of Santa Maria:
- \_\_\_\_ Nonprofit or institution based outside 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: \_\_\_\_/\_\_\_\_/\_\_\_\_