



Membership Form

76 Winter Street.
Keene, NH 03431
603-283-6621
www.CheshireTV.org

Please print legibly.

First Name*: _____ Last Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone*: _____ Mobile Phone: _____

Email Address*: _____

_____ Please add my email to the Volunteer Crew email list.

I understand that the use of Cheshire TV equipment and/or facilities for video production constitutes agreement to Cheshire TV policies and procedures as specified by the Handbook, training courses, and/or staff instructions.

I understand that when representing myself as a member of Cheshire TV that I will abide by the established code of conduct, and that I am personally responsible for the content contained in programs that I produce and/or submit.

Signature

Date

Signature of Parent or Legal Guardian For Minors

Date

* CTV requires a contact name and phone number which will be given upon request regarding inquiries about any program you produce. Email is the official means of communication between CTV and its members.

ELIGIBILITY: _____

FACIL: _____

CC: _____