



**4 Federico Drive Suite 2
Pittsfield, MA 01201**
Voice (413) 445-4234
Fax (413) 445-4258
email: info@pittsfieldtv.org
www.pittsfieldtv.org

Organizational Membership Form

FILL IN ALL APPLICABLE INFORMATION BELOW EVEN IF PRIOR MEMBER

Signature: _____		Date: _____	
_____ Organization Name		_____ Primary Contact Person (18 years of age/older) email address	
_____ Address of Business or Organization		_____ Personal (residential) address	
_____ City or Town	_____ State	_____ Zip	_____ City or Town
_____ Office or Business Telephone	_____ Fax Number	_____ Home Telephone	
<input type="checkbox"/> Do not include my personal information in published lists that may be distributed to other members.			

Conditions of Membership:

I/we, the undersigned, hereby enroll as a member of Pittsfield Community Cable Broadcasting, Inc. a/k/a Pittsfield Community Television. As such member, I/we agree to indemnify and hold harmless both Pittsfield Community Television and Time Warner Cable against any claims arising out of any program or program material produced and/or cablecast, including, but not limited to claims in the nature of libel, slander, invasion of privacy or publicity rights, non-compliance with applicable laws, license fees and unauthorized use of copyrighted material, including reasonable attorneys' fees. I/we agree not to produce and/or cablecast any programming for air from which revenue is derived, by any party, and programming the purpose of which is to conduct trade or commerce. This stipulation does not include programming supported by underwriting grants or contributions of any kind, or programming supportive of Pittsfield Community Television. I/we will abide by PCTV Operating Rules and Procedures as may from time to time be amended.

I/we agree to assume full responsibility for damage to or loss of property or access equipment resulting from negligent use. I/we agree to reimburse Pittsfield Community Television for the full market value of such equipment for replacement or repair. I understand that negligent use of equipment and facilities will result in the forfeiture of the right to use such equipment in the future.

I/we agree to use loaned access equipment only for the purpose of producing video programming which will air on the access channel(s), unless given prior approval by staff, or in a rental situation.

I/we understand that only members who are 18 years of age or older may borrow equipment or be a program producer.

Organizational Membership Dues:

To be paid upon receipt of this form

Check one of the following:

- \$ 50.00** Group Membership
Up to five (5) adults
- \$100.00** Organization Membership
Up to twenty (20) adults
- \$ _____ Organization Membership
More than (20) adults: fee determined by size

Dues Paid: \$ _____

Additional Donation: \$ _____

TOTAL: \$ _____

Staff Only: <i>Circle Amount Paid;</i> Cash / Check / Card
Date _____ Staff Init. _____

Notes on Membership:

All Groups and Organizations

Requirement: Organization or group must be based in and serving the City of Pittsfield. Rules for Voting Members & Associate Members are determined by the By-Laws of the Corporation, Article III, Section 1.

Group Membership:

Consists of up to 5 individuals--3 of which qualify for voting status in the Corporation, if at least 18 years of age. Use the reverse of this form to include names and addresses of additional members.

Organization Membership:

Consists of 20 individuals--6 of which qualify for voting status in the Corporation, if at least 18 years of age. Use the reverse of this form to include names and addresses of additional members.



*All PCTV memberships expire
on May 31 of each year.*

Thank you for becoming a PCTV member!

