



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

Full/Associate Membership Form

FILL IN ALL APPLICABLE INFORMATION BELOW EVEN IF PRIOR MEMBER

Signature: _____ **Date:** _____

Name (please print) Parent/Guardian Signature (if under 18) email address

Residential (street) address Mailing Address (if different)

City or Town State Zip Home Telephone Daytime Telephone

Do not include my 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.

Full / Associate Membership Dues:

To be paid upon receipt of this form

<i>Check one of the following:</i>	Full	Assoc.
Under 18* / Over 65 Years	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$30.00
Individual Membership	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$40.00
Family Membership	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$70.00

**Individuals under the age of 18 must have a parent or guardian sign this form, above in the space provided. Under 18 members do not qualify for voting status in the Corporation.*

Dues Paid: \$ _____

Additional Donation: \$ _____

TOTAL: \$ _____

Staff Only: Circle Amount Paid; Cash / Check / Card

Date _____ Staff Init. _____

Notes on Membership:

Full Membership

Requirement: individual must reside, work in, or be retired from employment in the City of Pittsfield. Qualifies for voting status in the Corporation if at least 18 years of age.

Associate Membership

Requirement: individual must reside or work in Berkshire County. An individual who resides or works in Pittsfield may choose to be an associate member.

Family Memberships (up to five members)

Full- Requirement: At least one adult must reside, work in, or be retired from employment in the City of Pittsfield. Consists of up to 2 adults--1 receives voting status in the Corporation--and up to 3 members under age 18.

Assoc- Requirement: individual must reside or work in Berkshire County. Consists of up to 2 adults, and up to 3 persons under age 18. All are associate members.

--Use the reverse of this form to include names of additional family members.



All PCTV memberships expire on May 31 of each year.

Thank you for becoming a PCTV member!