



MEMBERSHIP FORM

(Revised 9/2016)

Name: _____ Home Phone:_(_____)_____

Address: _____ Cell Phone:_(_____)_____

City/State: _____, _____ Zip:_____ E-mail:_____

Company/Organization: _____ Work Phone:_(_____)_____

Contact Name: _____ CA License # _____

Select your membership (to be renewed annually):

- Supporting Member** \$50.00 (\$35 senior, student, low income)
 (Voting privileges, PCA newsletter)
- Producer Member** \$75.00 (\$50 senior, student, low income)
 (Voting privileges, PCA newsletter, use of PCA media resources and basic training on equipment)
- Household Membership** \$100.00 (includes all members of household)
 (One vote per family member, PCA newsletter, on-air acknowledgement for one, use of PCA resources and basic training on equipment for up to four family members)
 Names: _____
- Non-Profit Member** \$125.00 (includes up to four designated members)
 (One vote, PCA newsletter, on-air acknowledgement for Organization, use of PCA media resources and basic training on equipment for up to 4 designated members for non-profit organization only)
 Names: _____
- Business Sponsorship** \$175.00 (includes up to four designated members)
 (One vote, PCA newsletter, on-air acknowledgement for organization, use of PCA media resources and basic training on equipment for up to 4 designated members for business only)
 Names: _____

Note: Producer members must attend an orientation class before any privileges will be granted. Access to studio, field and editing equipment requires additional training and certification.

I hereby agree to abide to the policies and procedures as outlined in the PCA Member Handbook.

Signed _____ Date ____ / ____ / ____

If under 18 years of age,
 Parent/Guardian Signature: _____ Date ____ / ____ / ____

Staff Use Only:
Rec'd by _____
Entered on _____
ID# _____