



# MEMBER ENROLLMENT FORM

DATE: \_\_\_\_\_

Name of Member: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

### Please check one in the appropriate member level

#### Access/PEG Stations\*\*

#### Sliding Scale Based on Station's Annual Budget

\_\_\_\_\_ \$50 (Under \$10K)

\_\_\_\_\_ \$100 (\$10k - \$75k)

\_\_\_\_\_ \$250 ((75K – Over)

#### Additional Categories

\_\_\_\_\_ \$100 (\*Municipality)

\_\_\_\_\_ \$ 50 (Independent Media Producer)

\_\_\_\_\_ \$150 (Other Nonprofit Organization)

\_\_\_\_\_ \$ 25 (Other / Individual)

Make checks payable to: **Maine Community Media Association**

Mail this form & check to: **Terri Wright  
C/o Berwick Community Media  
11 Sullivan St.  
Berwick, ME 03901**

**\*Municipalities – Please attach the cable company's annual Franchise Fee Remittance Letter**

**\*\*Stations – Please attach your annual budget**