



# MEMBER ENROLLMENT FORM

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

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

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

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

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

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

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

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

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

### PLEASE CHECK - Appropriate Member Level

|   |   |
|---|---|
| <p><b>Access/PEG Stations**</b><br/> <b>Sliding Scale Based on Station's Annual Budget</b></p> <p>_____ \$50 (Under \$10K)</p> <p>_____ \$100 (\$10K - \$75K)</p> <p>_____ \$250 (\$75K – Over)</p> | <p><b>ADDITIONAL CATEGORIES</b></p> <p>_____ \$100 (*Municipality)</p> <p>_____ \$50 (Independent Media Producer)</p> <p>_____ \$150 (Other Nonprofit organization)</p> <p>_____ \$25 (Other Individuals)</p> |
|---|---|

Make Checks Payable to: **Maine Community Media Association**

Mail This Form & Check to: **Nathan Oliver - Secretary  
443 Western Ave #1073  
South Portland, ME 04106**

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

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

If applicable, please email your high-resolution logo image to [info@ctamaine.org](mailto:info@ctamaine.org)