



# FCTV

**JOIN THE FCTV FAMILY**  
**"THE STATION THAT BRINGS**  
**FALMOUTH HOME"**

## MEMBERSHIP APPLICATION

Please fill out the form below with either proof of residency (copy of a driver's license, utility bill, tax bill or rent receipt), proof of employment (copy of a business ID, business card or letter from employer) or student status (copy of a school ID or registration form).

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

(if different than street address)

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ORGANIZATION: Name: \_\_\_\_\_

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

FAMILY: Name of second adult: \_\_\_\_\_

Name & Date of Birth for each child under 18: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby acknowledge having received FCTV's Operating Rules and Regulations and agree to abide by them.

\_\_\_\_\_  
*Member Signature*

\_\_\_\_\_  
*Date*

If under 18, parent or guardian must sign:

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

### MEMBERSHIP TYPE

*(Please circle one)*

#### Individual Membership

(\$30/year)

#### Organizational Delegate

(\$75/year)

#### Organizational Representative

(\$15/year - organization must be a member)

#### Family Membership

(\$75/year - covers 2 adults and all children under 18 who reside at the same address)

### OFFICE USE ONLY

Date Received: \_\_\_\_\_

Type of Proof Provided *(attach copy)*: \_\_\_\_\_

Received by: \_\_\_\_\_



"I have always wanted to have a career in TV or film, and I think that all of the experiences that I've gained at FCTV are going to help me achieve that goal. I was about 10 when I joined, and I've met a lot of great people and learned a lot over the years."

- Dillon Laurino, FCTV Youth Producer and Summer Intern