



MEMBERSHIP FORM

Interested in : Radio Television

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** \$75.00 (\$50 senior or student)
(Voting privileges, time on PCA channels)
- Producing Member** \$100.00 (\$75 senior or student)
(Voting privileges, time on PCA channels and/or radio, training, use of equipment & facilities)
- Household Membership** \$125.00 (includes all members of household)
(One vote, time on PCA channels, training, use of equipment & facilities)
Names: _____
- Non-Profit Member** \$150.00 (includes up to three designated members)
(One vote, time on PCA channels, training, use of equipment & facilities for non-profit organization only)
Names: _____
- Business Sponsorship** \$200.00 (includes up to three designated members)
(One vote, time on PCA channels, training, use of equipment & facilities for business only)
Names: _____

Note: Producer Members must attend an orientation class before any privileges will be granted. Access to cameras, studio and other 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# _____