



**Membership Form
Nevada County Television
112 Nevada City Highway
Nevada City, CA 95959**

NAME: _____
(Last) (First) (MI)

ADDRESS: _____

If under 18 years of age, please list birthdate: _____
Month Day Year

Company / Organization: _____

Department/Title: _____

Phone: _____ Ext. _____

Fax: _____ E-mail _____

Type of Membership

___ **Student/Senior \$20**

___ **Family \$60**

___ **Individual \$35**

___ **Organization \$100**

I am interested in the following NCTV services:

- ___ Production training
- ___ Submitting programs
- ___ Field production
- ___ Studio production

- ___ Volunteering
- ___ Internships
- ___ Board of Director's activities
- ___ Other _____

For office use only:

Membership Paid: _____

Method: CK _____ Cash _____

Orientation Date: _____

Member # _____