



MARtha'S
VINEYARD
COMMUNITY
TELEVISION

Membership Application

Name of Submitter: _____

Group or Organization represented (if applicable): _____

Island Address: _____

Phone Number(s): _____ Email: _____

Non-Residents, if Applicable:

Home Address: _____

Phone Number(s): _____

Is it okay for MVTV to give out the above phone number to other MVTV producers for possible production work?

Yes []

No []

ALTHOUGH MARtha'S VINEYARD COMMUNITY TELEVISION (MVTV) MAKES EVERY EFFORT TO ASSURE THAT ALL EQUIPMENT IS IN GOOD OPERATING CONDITION, IT ASSUMES NO RESPONSIBILITY FOR EQUIPMENT FAILURE.

APPLICANT ACCEPTS RESPONSIBILITY FOR ANY MVTV EQUIPMENT HE OR SHE USES AND UNDERSTANDS THAT HE OR SHE IS RESPONSIBLE FOR ITS REPAIR OR REPLACEMENT IF LOST OR DAMAGED BEYOND NORMAL WEAR AND TEAR, AS DETERMINED BY MVTV STAFF.

APPLICANT HAS READ AND UNDERSTOOD THE **MVTV PRODUCER'S HANDBOOK** AND WILL COMPLY WITH ITS POLICIES REGARDING THE USE OF MVTV FACILITIES AND EQUIPMENT.

Applicant's Signature: _____

Date: _____

Is Applicant Under 18? Yes [] No []

If Yes, Co-signer's Signature: _____

Date: _____

Print Name: _____ *Co-Signer Must Complete Parental Permission Form*

For MVTV Staff Use ONLY

AMT PD:

[] I [] Od [] Or [] S [] Fd [] Fr [] Other

[] ATTACHED LIC

[] ATTACHED PPF (if apply)

MVTV STAFF INITIAL: _____

Mail: PO Box 608 Vineyard Haven, MA 02568

Station: 1R Sanderson Ave. Oak Bluffs, MA 02557

Ph.: (508) 696-9760

Fax: (508) 696-9769