

# Membership Application

## Applicant

Name		Date	
Address	City	State	Zip
Organization Name <i>If applicable.</i>		Phone (day)	
E-mail		Phone (evening)	
Membership <input type="checkbox"/> Bloomington resident (\$50/yr) <input type="checkbox"/> Bloomington student (\$15/yr) <input type="checkbox"/> Bloomington organization (\$135/yr) <input type="checkbox"/> SWSCC		<input type="checkbox"/> New member <input type="checkbox"/> Renewal	

## Organizations - Please fill-in

Lead Person Contact			
Organization Address	City	State	Zip

## Students - Please fill-in

College/university/school name	Year in school/grade		
Address	City	State	Zip

## Please read and sign

I have read the **Bloomington Community Access Television (BCAT) Rules of Operation**. I understand and agree to comply with these Rules and the procedures related to the treatment of programming that violates the Rules. I hereby authorize BCAT to remove any programming that violates the Rules. I agree to indemnify and hold harmless BCAT, the City of Bloomington, Southwest Suburban Cable Commission (SWSCC), Comcast Cable and their respective officers, directors, employees, agents and representatives from any and all claims, damages, losses or expenses arising from the cablecast, playback or production of any programming or any other use of the BCAT facilities and equipment. I further attest that I have truthfully completed this Membership Application.

\_\_\_\_\_  
*Applicant's signature*

\_\_\_\_\_  
*Printed name*

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

\_\_\_\_\_  
*Parent signature (if under 18)*

\_\_\_\_\_  
*Printed name*

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

## Staff use only – Do not write below this line

BCAT I.D. No. \_\_\_\_\_ Program or Project Title \_\_\_\_\_

Orientation
  Camera
  Editing
  Studio