

**Annual Membership Type (check one):** 

## **TELEVISION ACCESS PARTNERS TV**

## **MEMBERSHIP APPLICATION**

Studio Address: 125 West Walnut Avenue, Lompoc, California 93436

Individual



Organization

Mailing Address: 100 Civic Center Plaza, Lompoc, California 93436 www.cityoflompoc.com/taptv (805) 875-2750

If applying for an INDIVIDUAL membership, please complete this section:  Name	
Home Phone Cell Phone	ne
E-mail	
Do you have prior experience in television production? Yes	No 🗌
If yes, describe your TV production experience:	
What are your goals at TAP TV?	
Do you want to be on the Volunteer List? Yes  No If yes, what positions?	
If applying for an ORGANIZATION membership, please com	plete this section:
Name of Organization	
Address	
Name of representative, agent, or officer	
Phone E-mail	
Annual Fees (check one):	
☐ Individual residing in City of Lompoc or City of Santa Maria:	\$25
☐ Individual residing outside Lompoc or Santa Maria:	\$60
☐ Nonprofit or institution based in Lompoc or Santa Maria:	\$75
☐ Nonprofit or institution based outside Lompoc or Santa Maria	ı: \$125
If paying by check, please make check payable to: TAP TV Lomp	ooc
Member Signature	Date
For TAP TV Staff Use only:	
Membership can only be approved AFTER the person applying ha and the Channel Use Agreement. When this has been done, CHE	
Amount of membership fee paid: \$25 \$60 \$75 \$125 V	Naiver Membership is valid for one year
Receipt issued by (TAP TV staff initials): Date m	nembership approved:/ /