

# Individual Membership Application



FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ (H) \_\_\_\_\_ (C)

EMAIL \_\_\_\_\_

<p>How Did you hear about Dedham Public Television? (Please circle and provide info)</p> <p>NEWSPAPER _____</p> <p>TELEVISION _____</p> <p>LOCAL EVENT _____</p> <p>DPTV MEMBER _____</p> <p>FRIEND _____</p> <p>OTHER _____</p>
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DPTV Members are required to:

- Provide proof of residence/organization/business address in Dedham (Dedham Student ID accepted)
- Fill out and sign application form
- Attend Member Orientation session
- Pay required membership fee
  - \$15.00 per year
  - Dedham Students/Seniors: \$10.00 per year
  - Family rate: \$25.00 per year

I agree to follow Dedham Public Television's Membership policies.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_