

Business Membership Application



NAME OF BUSINESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER OF BUSINESS _____

NAME OF CONTACT _____

PHONE _____ (H) _____ (C)

EMAIL _____

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| <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
 - \$300.00 per year- includes two employees
 - \$10.00 per year for each additional employee

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

Signature _____ Date _____