

Organization Membership Application



NAME OF ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER OF ORGANIZATION _____

NAME OF CONTACT _____

PHONE _____ 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 _____