

PRODUCING MEMBERSHIP REGISTRATION FORM \$45.00

See Staff for senior and student discounts

NAME _____ D A T E _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____

PLACE OF EMPLOYMENT/SCHOOL _____

ADDRESS _____

PHONE _____

COPY OF PHOTO ID AND PROOF OF ADDRESS REQUIRED Staff initial verifying ID attached

NOTE: Memberships are not processed unless resident address, telephone number and ID are given. Please notify WCCA upon any changes of membership registration information immediately.

• Is your need immediate? YES _____ NO _____ If so, state why (use additional paper if needed)

• Will your participation be, at any time, associated with, applied toward/as, or a recipient of the following: (please check the appropriate answer)

Grant Funding YES _____ NO _____

Community Service Stipend YES _____ NO _____

Welfare Mass Jobs Program YES _____ NO _____

Other _____

If any of your answers were "yes", attach specifics and please make an appointment with the Station Manager to complete processing of this form.

• Date attended WCCA Orientation _____

NOTE: Memberships will not be processed until Orientation and applicable requirements as published in the 'WCCA Rules and Procedures' have been met. Membership may no longer be valid if producing member is inactive for 60 days or more.

Please attach your project proposal and WCCA FORM 1880 if you are intending to produce a project within the next two weeks. A 'WCCA Membership Form PM' is required for producers. See staff for more information.

BEFORE SIGNING BELOW, PLEASE COMPLETE THE SURVEY ON PAGE 2 OF THIS FORM

~THANK YOU

The above information is correct and true and I agree, as a Producer Member, to follow all WCCA membership and facility policies, rules, and procedures. I understand that as an equipment user, I am solely responsible and will be accountable for all potential liability that may be incurred, including responsibility for equipment lost, stolen or damaged, as well as a result from program content from my participation. I agree to use accordingly all permissions and disclaimers as applicable. I waive WCCA and it's staff and volunteers of all liabilities. I understand that facilities are available on a first-come, first-serve basis, and may not be available on an as-needed basis.

SIGNATURE _____

DATE _____

PRODUCING MEMBERSHIP APPLICATION SURVEY

Age _____

US Citizen YES _____ NO _____

Ethnic Heritage _____

Number of dependents _____

Annual Income (optional) (circle one)

- a. \$16000 or below
- b. \$21000 or below
- c. \$30000 or below
- d. \$40000 or below
- e. \$50000 or more

How long have you been a citizen of Worcester? _____

I am not a citizen of Worcester _____

Do you receive cable service at home? YES _____ NO _____

I watch WCCA TV 13: (circle one)

- a. More than one day per week
- b. Less than one day per week
- c. More than three hours per day
- d. Less than three hours per day
- e. Less than one hour per day

Which part of WCCA programming do you enjoy most?

(Rate each on a scale of 1-5, 5 being the highest)

WCCA's Bulletin Board.....	1	2	3	4	5
WCCA's Easy Access Productions.....	1	2	3	4	5
<small>(Soapbox, Community Vision, Community Alert, You Said It...)</small>					
WCCA's Public Awareness programs.....	1	2	3	4	5
WCCA's many ethnic and cultural programs.	1	2	3	4	5
WCCA as an alternative news and information source, and non-profit outreach	1	2	3	4	5

What type of programming would you like to see more of? _____

How did you hear of WCCA? (circle one)

- a. Channel surfing
- b. WCCA Volunteer
- c. WCCA Staff Invitation
- d. Newspaper Ad
- e. Yellow pages
- f. Other _____

Why do you think WCCA Public Access is important for the community?

(Use additional paper if needed)