



# Public Access Corporation of the District of Columbia

901 Newton Street, NE Washington, DC 20017 (202) 526-7007

## Individual Membership Application

NEW Member       RENEWING Member       UPDATE Information

Legal Name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_  
Please Print Legibly

Artistic Identity, if applicable: \_\_\_\_\_

Address of Residence: \_\_\_\_\_  
Street Address State# City State Zip Code

Mailing Address (if different from residence address): \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ \*Social Security #: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Or Government Issued Photo ID #: \_\_\_\_\_

How did you hear of DCTV?  
 Cable Channels       DCTV Staff       Metro Ad  
 DCTV Website       Another Organization       Don't Know  
 DCTV Member       Newspaper       Other (Please specify) \_\_\_\_\_

By signing below, I represent that all of the information I have presented in this Application is true and correct, and that I have read and understand the Statement of Compliance on the reverse side of this form. I hereby agree to be bound by all policies, rules and procedures of the Public Access Corporation of the District of Columbia (DCTV), including DCTV's Producer Policy Manual and the Statement of Compliance.

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

Signature Accepting Responsibility on Behalf of Minor: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Adult Member Accepting Responsibility on Behalf of Minor: \_\_\_\_\_

### MEMBERSHIP OVERVIEW

Annual membership is required for use of facilities and to telecast programs on the public access channels.

1. Submit Membership Application with supporting documents and payment (see below)
2. Attend free Introduction to DCTV (required session prior to any facility or channel use)
3. Request Facilities, Services, Training and Channel Time

### RESPONSIBILITY FOR MINORS

Minors are permitted to be producers, provided that an adult member, a parent or legal guardian assumes supervisory, legal and financial responsibility for a minor, cosigns all forms and documents, and is present whenever a minor is in the field with DCTV equipment.

### BENEFITS, FACILITIES and TELECASTING PROGRAMS

- Register for access to Members Only section of www.dctvonline.tv
- Participate in Producers Club activities

After you complete a free Introduction to DCTV class:

- Submit programs and PSAs for telecast on the public access channels
- Take training classes to certify to use equipment
- After certification, produce programs for the communities of the city using digital production equipment, editing and studios
- Schedule "EZTV" studio productions at inexpensive flat rates
- Hire production services (including editing and applying credits) at subsidized rates
- Participate in opportunities to have your programs recognized

### APPLICATION, DOCUMENTS & PAYMENT

Individual membership is \$30 per year.

- Please make check or money order payable to DCTV.
- If applying in person, DCTV accepts Mastercard and Visa

Along with your Application, Please provide a copy of the following\*\* :

- A Government-issued Photo ID  
(You will also be asked to present the original when you come to DCTV)
- AND
- Proof of your home address. This may be any one of the following:
  - ◊ Utility bill (e.g. electric, gas, water, cable, landline phone)
  - ◊ Lease in your name

Please fill out the application, sign the Statement of Compliance (on reverse side) and mail it with a check and a copy of the two documents described at the right of this box to:

DCTV  
901 Newton Street, NE  
Washington, DC 20017

Or, you may bring it in person, and use MC or VISA.

\*Optional

\*\* If you do not plan to use any services or facilities, these documents are not required. Your membership will be classified as "NO SERVICES".

See Other Side Please

# STATEMENT OF COMPLIANCE

**I, the signatory of this form, hereby warrant and represent to The Public Access Corporation of the District of Columbia (DCTV) that:**

I have read and thoroughly understand the content of DCTV's Producer Policy Manual, a copy of which I have received. I hereby agree to be bound by all policies, rules and procedures for DCTV producers.

I will be thoroughly familiar with the content of all programs submitted by me for telecast and agree that it will comply with all applicable laws. I assume full responsibility for the contents of all programs to be submitted by me for telecast and will ensure that program contents will not violate any right of any third party.

I have obtained or, before a program is telecast, will obtain, all releases, approvals, clearances, licenses and permissions, if any, which are required for the use of any program that I submit for telecast, including but not limited to, approvals by broadcast stations, networks, sponsors, music licensing organizations, any holder of copyright of performing talent rights, all persons appearing in or referred to in the program, and any other approvals that may be necessary to transmit the program over the cable channels operated by DCTV or any other cable television system without infringement of the rights of others. I am responsible for any licenses and fees owing to any third parties as a result of such programming.

I indemnify, protect and hold harmless Public Access Corporation of the District of Columbia, its officers, directors, employees and agents, and the cable operators, upon whose system the program is carried, from and against any and all claims, demands, actions, damages, costs, expenses or other liabilities, including but not limited to, attorney's fees, for the following: A breach of any other provisions contained herein: libel, slander, invasion of privacy or infringement of copyright; failure to comply with any applicable law, regulation or other requirement of District or federal authorities; unauthorized use of trademark, trade name or service mark; breach of contractual or other obligation owing by me to third parties; and any other injury or damage in law or equity arising or alleged to have arisen as the result of the telecast of such program.

I shall not represent myself or any other person involved in community access telecasting or productions as an employee, representative or agent of Public Access Corporation of the District of Columbia, or their facilities.

I shall pay, in a responsible and timely manner, the cost of repair or replacement of DCTV equipment and materials resulting from damage beyond normal wear and tear, inoperability due to misuse or theft while such equipment or materials are in my possession or control. I understand the penalties that apply if: (a) I do not return the equipment on time or fail to vacate the facilities on time, or (b) I fail to meet the terms of repayment.

I shall not use DCTV channels, equipment or facilities for private gain or commercial purposes. I understand that programming produced with DCTV equipment and facilities, in whole or in part, must premiere on DCTV channels.

I understand that false or misleading information furnished below by me in this document constitutes grounds for forfeiture of the right to use DCTV production equipment and facilities.

Office Use Only	
Member Number _____	
Amount Paid _____	Documents OK _____
Method of Payment _____	Follow up _____
Date Paid _____	Staff Initials _____