



Public Access Corporation of the District of Columbia

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

Designee Registration

For Organization Members

- NEW Designee
 REPLACES Designee
 UPDATE Designee's Personal Information

Organization Name: _____ Please use the Organization's formal name DCTV Member #: _____

Organization Contact/Principal Representative to DCTV: _____ Printed Name

Organization Address: _____ Street Address Suite # City State Zip Code

Designee Name: _____ Date Designee Active: _____

Designee Home Address: _____

Daytime Phone: _____ Cell Phone: _____ Evening Phone: _____ Pager/Message: _____

Email Address: _____ Govt. ID # or *Social Security #: _____

- How did you hear of DCTV?
- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Cable Channels | <input type="checkbox"/> DCTV Staff | <input type="checkbox"/> Metro Ad | <input type="checkbox"/> The Organization on this Form |
| <input type="checkbox"/> DCTV Website | <input type="checkbox"/> Another Organization | <input type="checkbox"/> Don't Know | |
| <input type="checkbox"/> DCTV Member | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other (Please specify) _____ | |

By signing below, I represent that I am authorized to act on behalf of the Organization indicated above, 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: _____

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 (separate form)
2. Register up to four Designees to act on behalf of your Organization (use this form, 1 per Designee)
3. Attend free Introduction to DCTV (required session prior to any facility or channel use)
4. Request Facilities, Services, Training and Channel Time

BENEFITS, FACILITIES and TELECASTING PROGRAMS

- Schedule use of the Brooks Room meeting space (first two uses are free)
 - Post messages about your organization and events on the Video Bulletin Boards
- After the Organization's Designee(s) complete a free Introduction to DCTV class:
- Submit programs and PSAs for telecast on the public access channels
 - Use the no-crew "Outreach Studio" (Training class and first two 30-minute programs are free)
 - Schedule "EZTV" studio productions at inexpensive flat rates
 - Hire production services at subsidized rates
 - Take training classes to certify to use equipment
 - After certification, use digital production facilities

ORGANIZATION MEMBER AS EXECUTIVE PRODUCER

An Organization that joins as a member of DCTV is the Executive Producer, and through its designated Principal Representative or Contact, the Organization:

- Is the responsible party for all programming content and use of facilities;
- Authorizes all work and program submissions with DCTV;
- Registers or deactivates, and is responsible for all activities and facilities use of its authorized Designees.

DESIGNEE REGISTRATION, DOCUMENTS & PAYMENT

Each Designee Registration is part of a current or new Organization's membership with DCTV.

The Principal Representative may authorize registration of up to four Designees to work on behalf of the Organization. [Sign and submit form on back, or on back of Organization Membership Application.]

The Principal Representative may authorize addition, replacement or deactivation of Designees as needed during the year. [Sign and submit form on back, or on Organization Membership Application for each update.]

- There is no fee for registering Designees.
- Submit this form to register or replace Designees, or to update Designees personal information.
- Attach an easily readable copy of a current, government issued photo ID identifying the Designee along with this Registration.

Please fill out the Designee Registration, completed with the Designee's personal information and signature, and mail or bring it to DCTV with a copy of the Designee's current, government issued photo ID to:

DCTV
901 Newton Street, NE
Washington, DC 20017

- Office Use Only:
1. Verified ID _____ Staff Initials: _____
 2. The Principal Representative authorized the registration and participation of the person on this Designee Registration form to work on behalf of the Organization member named above on the Date: _____ Staff Initials: _____
 3. This Designee was deactivated or replaced by the Principal Representative on Date: _____
- Via signed request of one of the following: Fax Mail Email Staff Initials: _____

*Providing SSN is Optional

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 risen 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.

Designee Authorization or Replacement Form

Principal Representative: Fill in the information below, sign and Fax to 202-526-6646, or Deliver to DCTV, 901 Newton Street, NE, Washington, DC 20017

Principal Representative, please use this form to:

- Authorize registration of up to four Designees to work on behalf of your Organization (*list below and sign to authorize*).
- Authorize the addition, replacement or deactivation of Designees as needed during the year (*indicate new list below and sign*).

Organization Name: _____ **Date:** _____

Principal Representative's Name: _____

Name (please print legibly):	Replaces Designee (Name) if applicable:	Date Active:	Date Deactivated:	Authorizing Signature

Principal Representative's Signature

Number of Designees
Listed on this Form

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