



Public Access Corporation of the District of Columbia

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

Organization Membership Application

NEW Member RENEWING Member UPDATE Information

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

T/A Name, if applicable: _____

Organization Contact/Principal Representative to DCTV: _____

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

Mailing Address: _____

Business Phone: _____ Ext. _____ Cell Phone: _____ Home (emergency): _____ Fax: _____

Email Address: _____ Website: _____

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 I am authorized to act on behalf of the Organization I have presented in this Application, 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 (see below)
2. Register up to four Designees to act on behalf of your Organization (authorize list on back, and submit 1 Designee Registration form per individual)
3. Attend free Introduction to DCTV (required session prior to any facility or channel use)
4. Request Facilities, Services, Training and Channel Time

APPLICATION DOCUMENTS & PAYMENT

Organization membership is \$500 per year.

Please provide a copy of one of the following along with your Application:

- Annual Report
- Business License
- Other official document that verifies the name and address of the organization.

Please fill out the application, read the Statement of Compliance on reverse side, sign above, and mail it to us with a check and a copy of one of the documents described above or, if applicable, under "Discounted Memberships" to:
DCTV
901 Newton Street, NE
Washington, DC 20017

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 your 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

DISCOUNTED MEMBERSHIP IS AVAILABLE

A discount is available for organizations with budgets under \$800,000. To receive the discount, please enclose a copy of ONE of the following:

- Most recent audited financial statement
- Most recent annual report containing full year financial report
- Annual federal tax filing
- Political campaigns may provide the most recent filing with the DC Board of Elections
- New organizations may provide their IRS letter of determination and their annual budget

Any discount is automatic upon filing this information with the Application as follows:

Annual Budget/Business Net Receipts	Annual Membership
Under \$200,000	\$150
\$200,000 to \$499,999	\$300
\$500,000 to \$799,999	\$425
\$800,000 or more	\$500

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.

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
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Principal Representative's Signature

Number of Designees
Listed on this Form

Please contact the Director of Member Services regarding requirements for identifying documentation for Designees.

Member Number _____

Office Use Only

Amount Paid _____

Documents OK _____

Method of Payment _____

Follow up _____

Date Paid _____

Staff Initials _____