



Community Access Partners of
San Buenaventura
CAPS Channel 6
VTV Channel 15

Membership Application

Welcome to CAPS-TV, a member organization facilitating cable access for Ventura residents and non-profit organizations. To join, just complete this form and submit in person with appropriate fee and proof of residency or employment.

Membership Categories: (choose one only)

Individual: includes one voting membership with full access privileges -\$25 annual fee. You must be a City of Ventura resident, an employee of a City of Ventura business, a student of a City of Ventura school or an employee of a Ventura County non-profit.

Non-profit Organization: includes one voting membership and up to 4 representatives with media center privileges - \$75.00 annual fee. Any Ventura County non-profit is eligible that services the City of Ventura.

Where did you hear about CAPS-TV?

Would you like to be on CAPS-TV mailing list? Y N Is it okay to give out your contact information? Y N

Would you like to volunteer for CAPS-TV productions? Y N If yes, please fill out a volunteer application

Would you be interested in attending a fee-based Producer's Seminar for Non-Profits? Y N

Please tell us your interests or how you will utilize CAPS-TV resources:

Individual Membership: (For Organization Membership Please See Other Side)

Date Submitted: / /

Name: Organization/Business (if appl.)

Street Address Ventura, CA Zip

Home Phone: Cell Phone: Work Phone:

Email

Signature: Date: / /

Parental Signature: (for minor applicants) Date: / /

In order to be responsive to the entire community CAPS-TV has a "work equity" program for those with special circumstances or financial hardships allowing them to work on community-based projects instead of paying the membership fee.

STAFF SECTION ONLY: Note: Membership starts only when fees are paid and proof of eligibility presented

Fee amount CASH OR CHECK # Assigned Facil Member #

Proof of residency used or Proof of Employment

Staff Signature Entered in Facil / /

Membership Application cont.

Organization Membership: (For Individual Membership Please See Other Side)

Please list up to four total individuals who will have privileges with the media center. If one of the four includes the contact representative you do not have to repeat the information. Proof of employment on organization letterhead must be presented before privileges may be activated.

Organization: _____

Type: (circle one) Community Government Educational Recreational Religious Service Other

Main Office Phone: _____ Main Office Fax: _____

Contact email: _____ URL: _____

Organization Contact:

Name: _____ Title or Pos. _____

Street Address _____ City/State/Zip _____

Home Phone: _____ Work/Cell Phone: _____ Fax: _____

Email _____

Signature: _____ Date: ____/____/____

Additional Members – only repeat information if different than above

Name: _____ Title or Pos. _____

Home Phone: _____ Work/Cell Phone: _____ Fax: _____

Email _____

Name: _____ Title or Pos. _____

Home Phone: _____ Work/Cell Phone: _____ Fax: _____

Email _____

Name: _____ Title or Pos. _____

Home Phone: _____ Work/Cell Phone: _____ Fax: _____

Email _____

Name: _____ Title or Pos. _____

Home Phone: _____ Work/Cell Phone: _____ Fax: _____

Email _____