



Membership Application Form:

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Upon completion of training, would you be interested in assisting on QATV productions?
If yes, your availability is: AM: _____ AFTERNOON: _____ PM: _____
Please indicate the productions that interest you most:
Studio Production: _____
Field Production (camcorder): _____
Mobile Production Van: _____
Sports Events: _____ Civic Events: _____

Office Use Only:

Amount Paid: \$	Check #	Cash:
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Date:	Processed by:
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Proof of Residency:

