



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:
Date:	Processed by:	
Proof of Residency:		

