



Quincy Access Television Membership Application Form

Contact Information

Name:

Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

E-Mail Address:

Membership Type (circle one)

Individual (\$25/year)

Family (\$30/year)

Non-Profit Organization (\$35/year)

Business (\$50/year)

Policies and Procedures Acknowledgment

I hereby acknowledge that I have received the Quincy Access Television Policies and Procedures and agree to abide by them.

Signature:

Date:

Office Use Only

Proof of Residency

Date Paid:

Amount Paid:

Received By:

Processed By:

