

FRAMINGHAM PUBLIC ACCESS CORPORATION

31 Flagg Drive, Framingham, MA 01702 | Tel. 508-875-5434 | info@fpac.tv



Membership Application

Name _____ Driver's License or ID# _____
Organization or family name, if applicable _____
Address _____ City _____ State _____ Zip _____
Telephone: Home _____ Work _____ Cell _____
Email address _____ Add to FPAC email list? Yes No

In order to become a member of the Framingham Public Access Corporation (FPAC), a person or organization must provide proof of residency, employer or organization address, or school attendance in Framingham. Family and organization memberships include up to four individuals. Non-profit membership may require proof of non-profit status. Each membership is entitled to one vote at FPAC annual meetings, except that a family membership is entitled to two votes. Membership must be renewed annually. To use FPAC equipment and facilities, members must also attend an Orientation class and sign the Access User Agreement.

Type of Membership (Check One):

- Individual (\$30)
- Individual Junior, under 18 (\$15)
- Individual Senior, 65 or over (\$15)
- Family Membership (\$60)
- Non-Profit Organization (\$100)
- Business Membership (\$200)

What are your main objectives for joining FPAC? Check all that apply.

- Learn video production
- Crew on productions
- Produce your own programs for cablecast
- Become a host or talent on someone else's program
- Other _____

What type of production would you be interested in producing or crewing on? Check all that apply.

- Studio productions
- Field production, single- or multi-camera
- Field production, production van

Please list any special program topics you are interested in crewing on or producing:

Please list any organizations, clubs, etc. with which you are affiliated:

To which cable service does your household subscribe?

- Comcast RCN Verizon
- Not a cable subscriber

How often do you watch FPAC TV?

- More than 8 hours per week
- 1-8 hours
- Occasionally
- Never

How did you hear about FPAC?

- Watching FPAC TV
- Newspaper
- Friend
- Other _____

Optional Demographic Survey

Gender _____

Year of birth _____

Primary language _____

Ethnic background _____

I agree to abide by all FPAC Member Policies and Procedures in effect during the term of my membership.

Signature: _____ Date ____/____/____

Legal Guardian Name _____ Signature _____ Date ____/____/____
(For members under 18)

OFFICE USE ONLY Membership # _____ Amount paid _____ Cash Check# _____ CC

Approved by: _____ Date ____/____/____

Facil AUA Orientation Camcorder Studio FCP Audio Truck Other _____