



MEMBERSHIP FORM

Interested in : Radio Television

Name: _____ Home Phone:_(_____)_____

Address: _____ Cell Phone:_(_____)_____

City/State: _____ Zip:_____ E-mail:_____

Company/Organization: _____ Work Phone:_(_____)_____

Contact Name: _____ CA License # _____

Select your membership (to be renewed annually):

Supporting Member
(One voting privilege, PCA monthly newsletter, invitation to any PCA members function)

\$75.00 (\$50 senior or student)

Producing Member
(Supporting membership perks, time on PCA channels and/or radio, training, use of equipment & facilities)

\$100.00 (\$75 senior or student)

Household Membership
(Supporting and Producing membership perks, On-air acknowledgement (1 person), training, use of equipment & facilities for up to 3 people)

\$125.00 (includes all members of household)

Names: _____

Non-Profit Member
(All the same perks as stated in Household membership, for non-profit organization only)

\$150.00 (includes up to three designated members)

Names: _____

Business Sponsorship
(All the same perks as stated in Household Membership, for business only)

\$200.00 (includes up to three designated members)

Names: _____

Note: Producer Members must attend an orientation class before any privileges will be granted. Access to cameras, studio and other equipment requires additional training and certification.

I hereby agree to abide to the policies and procedures as outlined in the PCA Member Handbook.

Signed _____ Date ____/____/____

If under 18 years of age,
Parent/Guardian Signature: _____ Date ____/____/____

Staff Use Only:
Rec'd by _____
Entered on _____
ID# _____