



NON-RESIDENT MEMBERSHIP APPLICATION

First Name		MI	Last	Suffix
Address			Home Phone	
			Mobile Phone	
City	Zip		Fax	
E-mail				
Photocopy of ID and proof of residency is required.				
Driver License _____ Exp. Date _____				

Membership Levels

ONGOING MONTHLY DONATION \$ _____ Auto deduction from credit card or checking acct.

TYPE	INDIVIDUAL	FAMILY (3)	SENIOR (62)	ORGANIZATION (3)	BUSINESS (3)
BASIC Supporting MEMBERSHIP	<input type="checkbox"/> \$70	<input type="checkbox"/> \$100	<input type="checkbox"/> \$55	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
PRODUCER	<input type="checkbox"/> \$90	<input type="checkbox"/> \$130	<input type="checkbox"/> \$75	<input type="checkbox"/> \$230	<input type="checkbox"/> \$280
STUDENT	<input type="checkbox"/> FREE	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

I understand that as a member of VCAT that I must agree to comply with Vallejo Community Access Television Policies and Procedures and I understand that failure to do so may result in the loss of member privileges.

Signature _____ Date _____

Parent or Guardian (under 18) _____ Relationship _____

Method of Payment Cash \$ _____ Check \$ _____ Credit Card \$ _____ Receipt # _____

Check # _____ Credit Card last 4 digits # _____ Approval Code _____

Bank _____ Mail Donation Checks to: VCAT, P.O. Box 6333 Vallejo, CA 94591

Or call with a credit card during business hours at: 707-642-8228