



## RESIDENT MEMBERSHIP APPLICATION FORM

First Name	MI	Last	Suffix
Address		Home Phone	
		Mobile Phone	
City	Zip	Fax	
E-mail			
<b>Photocopy of ID and proof of residency is required.</b> 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)
<b>BASIC Supporting MEMBERSHIP</b>	<input type="checkbox"/> \$40	<input type="checkbox"/> \$65	<input type="checkbox"/> \$25	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200
<b>PRODUCER</b>	<input type="checkbox"/> \$60	<input type="checkbox"/> \$100	<input type="checkbox"/> \$45	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250
<b>STUDENT</b>	<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