



Public Access Corporation of the District of Columbia

901 Newton Street, NE Washington, DC 20017 (202) 526-7007
Fax (202) 526-6646

Organization Membership Application

NEW Member RENEWING Member UPDATE Information

Organization Name: _____ Please use the Organization's formal name EIN #: _____

T/A Name, if applicable: _____

Organization Contact/Principal Representative to DCTV: _____

Address Located: _____
Street Address Suite# City State Zip Code

Mailing Address: _____

Business Phone: _____ Ext. _____ Cell Phone: _____ Home (emergency): _____ Fax: _____

Email Address: _____ Website: _____

How did you hear of DCTV?
 Cable Channels DCTV Staff Metro Ad
 DCTV Website Another Organization Don't Know
 DCTV Member Newspaper Other (Please specify) _____

MEMBERSHIP OVERVIEW

Annual membership is required for use of facilities and to telecast programs on the public access channels.

1. Submit Membership Application with supporting documents and payment
2. Register up to two additional Designees to act on behalf of your Organization
3. Attend free DCTV 101 Orientation (required session prior to any facility or channel use)

BROADCAST MEMBERSHIP IS \$150.00 PER YEAR

Please provide a copy of one of the following along with your signed application:

• Business license or other official document that verifies the name AND address;

or

• Annual Report or certificate of tax-exempt 501(c)(3) status.

Please complete the application, read the *Statement of Compliance* on the reverse side, sign, and send payment and copy of required documents to:

DESIGNEE AUTHORIZATION

Principal Representative, please use this form to:

List and sign below to authorize, deactivate or renew registration of up to four Designees to work on behalf of your Organization:

Principal Representative: _____

(A copy of a government issued identification is required of all activated Designees.)

List New Designee names to add (in addition to Principal Rep) (please print legibly):

1. _____
2. _____

Updating or Renewing Member:

List Deactivated Designee names to remove if applicable (please print legibly):

1. _____
2. _____

Please complete the application, sign the Statement of Compliance on the reverse side and mail or submit with check and a copy of documents to:

DCTV 901 Newton Street, NE Washington, DC 20017

(You may bring application in-person and pay with credit card)

Member Number _____	Office Use Only
Amount Paid _____	Documents OK _____
Method of Payment _____	Follow up _____
Date Paid _____	Staff Initials _____

STATEMENT OF COMPLIANCE

I, the signatory of this form, hereby warrant and represent to The Public Access Corporation of the District of Columbia (DCTV) that:

I have read and thoroughly understand the content of DCTV's Producer Policy Manual, a copy of which I have received. I hereby agree to be bound by all policies, rules and procedures for DCTV producers.

I will be thoroughly familiar with the content of all programs submitted by me for telecast and agree that it will comply with all applicable laws. I assume full responsibility for the contents of all programs to be submitted by me for telecast and will ensure that program contents will not violate any right of any third party.

I have obtained or, before a program is telecast, will obtain, all releases, approvals, clearances, licenses and permissions, if any, which are required for the use of any program that I submit for telecast, including but not limited to, approvals by broadcast stations, networks, sponsors, music licensing organizations, any holder of copyright of performing talent rights, all persons appearing in or referred to in the program, and any other approvals that may be necessary to transmit the program over the cable channels operated by DCTV or any other cable television system without infringement of the rights of others. I am responsible for any licenses and fees owing to any third parties as a result of such programming.

I indemnify, protect and hold harmless Public Access Corporation of the District of Columbia, its officers, directors, employees and agents, and the cable operators, upon whose system the program is carried, from and against any and all claims, demands, actions, damages, costs, expenses or other liabilities, including but not limited to, attorney's fees, for the following: A breach of any other provisions contained herein: libel, slander, invasion of privacy or infringement of copyright; failure to comply with any applicable law, regulation or other requirement of District or federal authorities; unauthorized use of trademark, trade name or service mark; breach of contractual or other obligation owing by me to third parties; and any other injury or damage in law or equity arising or alleged to have risen as the result of the telecast of such program.

I shall not represent myself or any other person involved in community access telecasting or productions as an employee, representative or agent of Public Access Corporation of the District of Columbia, or their facilities.

I shall pay, in a responsible and timely manner, the cost of repair or replacement of DCTV equipment and materials resulting from damage beyond normal wear and tear, inoperability due to misuse or theft while such equipment or materials are in my possession or control. I understand the penalties that apply if: (a) I do not return the equipment on time or fail to vacate the facilities on time, or (b) I fail to meet the terms of repayment.

I shall not use DCTV channels, equipment or facilities for private gain or commercial purposes. I understand that programming produced with DCTV equipment and facilities, in whole or in part, must premiere on DCTV channels.

I understand that false or misleading information furnished below by me in this document constitutes grounds for forfeiture of the right to use DCTV production equipment and facilities.

By signing below, I represent that I am authorized to act on behalf of the Organization I have presented in this Application, and that I have read and understand the Statement of Compliance on the reverse side of this form. I hereby agree to be bound by all policies, rules and procedures of the Public Access Corporation of the District of Columbia (DCTV) , including DCTV's Producer Policy Manual and the Statement of Compliance.

Signature: _____ **Date:** _____