FATV Membership Application / Statement of Compliance

 I have read and am thoroughly familiar with the contents of the policies and regu I am thoroughly familiar with the contents of the program material to be taped a 		Date of Application		
Neither lottery nor lottery material will be cablecast	nu/ OF Cadiceast and state.	Paid	Through	
No advertising material will be cablecast			0	
No obscene or indecent material will be cablecast			.i	
Arrangements and/or clearances have been obtained from broadcas authorize transmission of program material on this Community Access		ations, performers or their representatives and	any other persons necessary to	
I understand that I assume full responsibility for any dispute arising from unauthority		meless in any disputes FATV, their employees a	and Board of Directors.	
4. I understand that I may be criminally or civilly liable for taping, performing and/or	cablecasting any material which contains advertising, I	ottery or lottery information or obscene or ind	ecent material.	
5. I agree to pay the cost of repairs to FATV equipment made necessary by abuse,	theft, loss or careless handling while such equipment is	s in my possession (normal wear and tear excep	eted.)	
	or misleading statements made in this application are grounds for forfeiture of the right to use FATV equipment and facilities. In stand that all material produced using FATV equipment must be cablecast on one of the FATV channels.			
 I understand that all material produced using FATV equipment must be cablecast I understand that if I profit in any way from material I produce using FATV equipment 		had EATV policies and procedures		
9. I understand that I must register with FATV a "Production Name", which will app		ricu 1711 v policies and procedures.		
10. I understand that this for is an application, and I will not be considered a member	until a staff member of FATV authorizes this application			
11. I hereby authorize FATV to use my likeness, both visual and auditory, for the pur	pose of promoting the station and it mission using various	ous media unless I explicitly (in writing) inform F	ATV otherwise.	
ersonal Information	If applicant is unde	If applicant is under age 18, a parent or legal guardian must sign above.		
	If under 18			
ull Name				
	Date of Birth			
ddress				
		Guardian Name		
ity State ZIP				
ome Phone				
Vork Phone Ext				
TOTAL HORE		on		
Tell Phone				
CITTIONE	Organization Info	Organization Information (if applicable)		
SN / Lic #(if under 18, parent's/guardian's SSN/Lic)	S	ormation (ii applicable)		
514 / Lie #(II under 16, parent s/ guardian's 3314/Lie/	Organization			
mail	S			
Tidii				
Would you like to be emailed when FATV is looking for volunteers for produ				
school events, parades, etc? YN		State	7ID	
Do you wish your name/contact information be made available to other me	embers looking	State	ZII	
for help with their productions? YN	8		Evt	
	Frione		LXL	
Applicant Signature	Date Email			
	Email			
	LIDI			
	UKL			
ATV Staff Signature	Date Parent/Guardian	C'		
Livi v Stari Signature	Date Parent/Guardiar	n Signature	Date	