



**Dracut Access Television, Inc.**  
**\*ORGANIZATION\***  
**MEMBERSHIP APPLICATION**

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**ANNUAL FEE \$30.00** (*\*Includes One Primary Representative*)

Please make check payable to:  
**Dracut Access Television, Inc. (or DATV)**

**Organization Information:** (*\*Note- Organization MUST be based in Dracut, MA*)

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**MOBILE PHONE:** \_\_\_\_\_

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**PRIMARY Representative Information:** (*\*included in Organizational Fee*)

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**MOBILE PHONE:** \_\_\_\_\_

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**ADDITIONAL Representative(s):** (*\*\$10.00 Fee per each additional Representative*)

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**MOBILE PHONE:** \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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HOME PHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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HOME PHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

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**Dracut Access Television, Inc.**  
**91 Mill Street Suite #8**  
**Dracut, MA 01826**  
**(978) 957-5522**

FOR OFFICE USE ONLY:

Payment received on: \_\_\_\_\_ Check # \_\_\_\_\_ or Cash Rec'd by: \_\_\_\_\_

RENEWALS:

DATE/INIT								
PYMT AMT/TYPE								



# DRACUT ACCESS TELEVISION, INC.

*Agreement with Policies and Regulations (Form B)*

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**Dracut Access Television, Inc.  
91 Mill Street, Suite 8  
Dracut, MA 01826  
978-957-5522**

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**FOR PRODUCERS**

I, \_\_\_\_\_ HAVE READ, AND AM FAMILIAR WITH AND AGREE TO ABIDE BY DRACUT ACCESS TELEVISION, INC. POLICY AND REGULATIONS AS SET FORTH IN THIS DOCUMENT.

MEMBERS SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**For PARENT or LEGAL GUARDIAN if Producer is under 18 years of age:**

I, \_\_\_\_\_ HAVE READ, AND AM FAMILIAR WITH THE DRACUT ACCESS TELEVISION, INC. POLICY AND REGULATIONS AS SET FORTH IN THIS DOCUMENT, AND AGREE TO ACCEPT RESPONSIBILITY OF MY MINOR CHILD.

PARENT/LEGAL GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_