



# TCTV MEMBERSHIP / ORIENTATION INFO

Orientation Date: \_\_\_\_\_

**Paid Membership**

**Will Pay later** - I understand that I cannot sign up for classes or use TCTV equipment until my membership is active.

Requesting an individual membership waiver: \_\_\_\_\_  Waiver approved \_\_\_\_\_  
(Exec. Director Initial)

**Individual:**  \$35

**Organizational Member:**  \$125

**Individual:**  \$20 (after July 1)

**Organizational Member:**  \$65 (after July 1)

## All memberships expire on December 31.

Name: _____ Address: _____ City/ State/ Zip: _____ Phone home: _____ Phone Office: _____ E-mail: _____ Birth Date: _____ ID Number: _____ ID Type (license, passport etc) _____	<p><b>Note:</b> Individuals must present proof of Thurston County residency.</p>
--	--

Organization: _____ Primary Org. Contact Person: _____ Address: _____ City/ State/ Zip: _____ Phone home: _____ Phone Office: _____ Federal ID # _____ UBI # _____ E-mail: _____	<p><b>Note:</b> Organizations must present proof of 501(c)(3) status and Thurston Co business address.</p>
--	--

I want to produce my own show (please describe): \_\_\_\_\_

I am training to be a crew member for \_\_\_\_\_

I would like to have a staff mentor assigned

### *STAFF USE ONLY*

**Mentor assigned :** \_\_\_\_\_