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Community Access Partners
 of San Buenaventura
 CAPS-TV

Membership Application

Welcome to CAPS-TV, a member organization facilitating cable access for Ventura residents and nonprofit organizations. To join, just complete this form and submit in person with appropriate fee and proof of residency or employment. By becoming a member you are joining a special group of people who believe that public access television is an important part of our community. Thank you for your support and we look forward to helping with your projects.

Membership Categories: (choose one only)

_____ Individual: includes one voting membership with full access privileges - \$25 annual fee. You must be a City of Ventura resident, an employee of a City of Ventura business, a student of a City of Ventura school or an employee of a Ventura County nonprofit. Proof of residency, employment or school enrollment is required – driver’s license, utility bill, business or school ID, library card, etc.

_____ Nonprofit Organization: includes one voting membership and up to 4 representatives with media center privileges - \$75.00 annual fee. Any Ventura County nonprofit is eligible that services the City of Ventura. A letter with proof of employment on the organizations letterhead and a list of all four representatives must be presented before privileges are activated (fill out reverse side).

Individual Membership: (For Organization Membership Please See Other Side)

Date Submitted: _____ / _____ / _____

Name: _____ Organization/Business (if appl.) _____

Street Address _____ Ventura, CA Zip _____

Home: _____ Mobile: _____ Business: _____ Fax _____

Email _____

Signature: _____ Date: ____/____/____

Parental Signature: (for minor applicants) _____ Date: ____/____/____

In order to be responsive to the entire community CAPS-TV has a “work equity” program for those with special circumstances or financial hardships allowing them to work on community-based projects instead of paying the membership fee. Please contact our Executive Director to inquire about this program.

STAFF SECTION ONLY: Note: Membership starts only when fees are paid and proof of eligibility is presented.

Fee amount _____ CASH, PAYPAL, or CHECK # _____ Assigned Facil Member # _____

Proof of residency used _____ or Proof of Employment _____

Staff Signature _____ Entered in Facil ____/____/____

Nonprofit Organization Membership Application

Nonprofit Organization Membership: (For Individual Membership Please See Other Side)

Please list up to four total individuals who will have privileges with the media center. If one of the four includes the contact representative you do not have to repeat the information. Proof of employment on organization letterhead must be presented before privileges may be activated.

Nonprofit Organization: _____

Type: (circle one) Community Government Educational Recreational Religious Service Other

Main Office Phone: _____ Main Office Fax: _____

Organization Contact:

Name: _____ Title or Pos. _____

Street Address _____ City/State/Zip _____

Home: _____ Mobile: _____ Business: _____ Fax: _____

Email _____

Signature: _____ Date: ___/___/___

Additional Members:

Name: _____ Title or Pos. _____

Home: _____ Mobile: _____ Business: _____ Fax: _____

Email _____

Name: _____ Title or Pos. _____

Home: _____ Mobile: _____ Business: _____ Fax: _____

Email _____

Name: _____ Title or Pos. _____

Home: _____ Mobile: _____ Business: _____ Fax: _____

Email _____

Name: _____ Title or Pos. _____

Home: _____ Mobile: _____ Business: _____ Fax: _____

Email _____