



MEMBER# \_\_\_\_\_

# CHARLOTTESVILLE COMMUNITY MEDIA CENTER MEMBERSHIP REGISTRATION FORM

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

ORGANIZATION (if applicable): \_\_\_\_\_

**ETHNICITY (Choose One):**

- American Indian or Alaska Native     Black or African American     Native Hawaiian or Pacific Islander
- Asian     Hispanic or Latino     White or Caucasian
- Other (please specify) \_\_\_\_\_

**GENDER (Choose One):**

- Male     Female     Non-Binary     Other \_\_\_\_\_

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

CITY/COUNTY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: (Primary): \_\_\_\_\_ (Secondary): \_\_\_\_\_

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

**ANNUAL CCMC MEMBERSHIP (Choose One):**

- \$25 Individual (City)                       \$30 Individual (County)
- \$150 Nonprofit Organization (City)\*     \$160 Nonprofit Organization (County)\*
- \$15 Student/Senior (City)                 \$20 Student/Senior (County)
- \$75 Faith-Based Organization (includes CPA-TV Producer Membership)

*\* Proof of 501.c3 required*

*OPTIONAL ADD-ON (One Time Only Fee)*

**ANNUAL CPA-TV PRODUCER MEMBERSHIP (Choose One):**

- \$25 Host Only     \$25 Host and/or Director

**MEMBERSHIP AGREEMENT:**  **I have read and agree to the CCMC Policies and Procedures document.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
*(Signature of applicant)*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
*(Signature of parent/legal guardian if applicant is under 18 years of age)*

*Charlottesville Community Media Center membership is available to anyone who lives and/or works in the Thomas Jefferson Regional Planning District. CCMC is an operation of the City of Charlottesville and is managed by staff of the Office of Communications.*