



Public Access Television
Serving Enid Since 1986

APPLICATION

___ **NEW**
___ **RENEWAL**

ACCESS MEMBER

PEGASYS equipment is for the purpose of producing programming for the public access channels in Enid. Please consult PEGASYS rules and regulations regarding appropriate use and programming technical requirements.

JOIN DATE: ____ / ____ / ____

NAME	_____
ADDRESS	_____
CITY:	_____ STATE: _____ ZIP: _____
PHONE	_____ CELL _____
EMAIL	_____
OPTIONAL INFORMATION	<i>This information helps to determine if outreach efforts are reaching the entire community.</i>
Birthday:	_____ Gender: F M Race/Ethnicity: _____

- Prior video experience: _____
 - Do you want your name and phone number available to PEGASYS Members seeking crew? YES NO
 - What type of programming are you interested in producing?
- | | | | | |
|------------------------------------|--------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Dance | <input type="checkbox"/> Family | <input type="checkbox"/> Nature | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Business | <input type="checkbox"/> Documentary | <input type="checkbox"/> Gay & Lesbian | <input type="checkbox"/> News | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Enid | <input type="checkbox"/> Drama | <input type="checkbox"/> Health | <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Community | <input type="checkbox"/> Education | <input type="checkbox"/> Humor | <input type="checkbox"/> Physically Challenged | <input type="checkbox"/> Visual Arts |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Elders | <input type="checkbox"/> Labor | <input type="checkbox"/> Politics | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Cultural | <input type="checkbox"/> Employment | <input type="checkbox"/> Music | <input type="checkbox"/> Other _____ | |

PART A - MEMBERSHIP CATEGORY

Please circle the applicable fee:

INDIVIDUAL ADULT	\$ 45 Annually
SENIOR (65+)	\$ 25 Annually
STUDENT	\$ 25 Annually
IMPORT PRODUCER	\$100 Annually

Cost for membership services exceeds membership fees. *Please consider a donation. Thank you!*

PEGASYS FRIEND \$100 \$50 \$25 \$10 Other: \$ _____

PLEASE COMPLETE REVERSE SIDE

RECOMMENDED INSURANCE POLICY

An equipment insurance policy may be purchased by a member of PEGASYS at a cost of \$25 annually. This policy will provide the community producer with coverage of the Equipment Insurance Deductible of \$250 for Studio Equipment and a Deductible of \$500 for Field Equipment if an accident should occur with equipment in their possession. This does NOT remove the responsibility of careful handling of all equipment by a community producer. This does NOT cover a producer if equipment is lost, stolen, or damaged by negligence.

I have read and understand the Equipment Insurance that PEGASYS offers to all members.

Initial: _____

I wish to purchase insurance at this time (circle one): YES NO

Initial: _____

RULES AND REGULATIONS

I agree to abide by the policies of PEGASYS, Inc. As a member, I agree to comply with all PEGASYS rules and regulations. I understand that I will be given a copy of the Rules and Regulations at the first Orientation class.

NAME (print): _____

SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT or GUARDIAN (IF UNDER 18): _____

TRAINING (FOR NEW MEMBERS)

SCHEDULED TRAINING DATES: Month _____ Week 1 _____ Week 3 _____ Other _____

TRAINING COMPLETED: Staff signature _____ Date _____

Membership Fee \$ _____

Donation \$ _____

Insurance \$ _____

TOTAL: \$ _____

OFFICE USE ONLY

Date: _____

Membership Expires: _____

AMOUNT RECEIVED: Check _____ Cash _____

Staff: _____ Date _____

Notes: _____

