



Public Access Television  
Serving Enid Since 1986

# APPLICATION

\_\_\_ NEW

\_\_\_ RENEWAL

## ***ORGANIZATIONAL MEMBER***

Membership structure is designed to respond to the diversities and complexities of organizations serving Enid.

Membership structure differentiates:     ◆ Enid based non-profit organizations  
   ◆ Enid based for-profit businesses

**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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

|                             |                   |                  |
|-----------------------------|-------------------|------------------|
| <b>ORGANIZATION</b> _____   |                   |                  |
| (CIRCLE ONE)                | NON-PROFIT        | FOR-PROFIT       |
| <b>ADDRESS</b> _____        |                   |                  |
| CITY                        | STATE             | ZIP              |
| _____                       | _____             | _____            |
| <b>CONTACT PERSON</b> _____ |                   |                  |
| <b>PHONE</b> _____          | <b>CELL</b> _____ | <b>FAX</b> _____ |
| <b>EMAIL</b> _____          | _____             |                  |

### **PLEASE COMPLETE PARTS A Through C**

#### **PART A ORGANIZATIONAL FEE**

Please circle the applicable fee.

**IF YOU ARE A NON-PROFIT ORGANIZATION:**

| <u>ANNUAL OPERATING BUDGET</u> | <u>FEE</u> |
|--------------------------------|------------|
| \$0-50,000                     | \$100      |
| \$50,000—100,000               | \$125      |
| \$100,000—500,000              | \$150      |
| \$500,000 +                    | \$175      |

**IF YOU ARE A FOR-PROFIT BUSINESS:**

| <u>ANNUAL OPERATING BUDGET</u> | <u>FEE</u> |
|--------------------------------|------------|
| \$0-50,000                     | \$125      |
| \$50,000—100,000               | \$150      |
| \$100,000—500,000              | \$175      |
| \$500,000 +                    | \$200      |

#### **PART B RECOMMENDED INSURANCE POLICY**

An equipment insurance policy may be purchased by any 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/Truck 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.

PLEASE COMPLETE PART C ON REVERSE SIDE

**PART C ORGANIZATION REPRESENTATIVE FEES**

In addition to the organization's membership, each individual of the organization pays a fee to join.

Adults: \$25      Students/Seniors (65+): \$15      (Optional Insurance: \$25 per person)

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

EMAIL \_\_\_\_\_ POSITION IN ORGANIZATION \_\_\_\_\_

|             |                      |                    |   |   |
|-------------|----------------------|--------------------|---|---|
| ADULT _____ | STUDENT/SENIOR _____ | OPTIONAL INSURANCE | Y | N |
|-------------|----------------------|--------------------|---|---|

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

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PHONE Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

EMAIL \_\_\_\_\_ POSITION IN ORGANIZATION \_\_\_\_\_

|             |                      |                    |   |   |
|-------------|----------------------|--------------------|---|---|
| ADULT _____ | STUDENT/SENIOR _____ | OPTIONAL INSURANCE | Y | N |
|-------------|----------------------|--------------------|---|---|

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PHONE Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

EMAIL \_\_\_\_\_ POSITION IN ORGANIZATION \_\_\_\_\_

|             |                      |                    |   |   |
|-------------|----------------------|--------------------|---|---|
| ADULT _____ | STUDENT/SENIOR _____ | OPTIONAL INSURANCE | Y | N |
|-------------|----------------------|--------------------|---|---|

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

EMAIL \_\_\_\_\_ POSITION IN ORGANIZATION \_\_\_\_\_

|             |                      |                    |   |   |
|-------------|----------------------|--------------------|---|---|
| ADULT _____ | STUDENT/SENIOR _____ | OPTIONAL INSURANCE | Y | N |
|-------------|----------------------|--------------------|---|---|

|                         |  |
|-------------------------|--|
| Organization Fee: _____ | OFFICE USE ONLY DATE: ____ / ____ / ____ Expires: ____ / ____ / ____ |
| Individual Fees: _____  | TRANSIT #: _____   |
| Insurance: _____        | AMOUNT RECEIVED: CHECK _____ CASH _____                              |
| <b>TOTAL DUE:</b> _____ | STAFF: _____   |