



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**

**ANNUAL FEE: \$175** This fee includes the organization and entitles three (3) persons to receive training, check out equipment, and use PEGASYS studios and facilities.

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

An equipment insurance policy may be purchased by any member of PEGASYS at a cost of \$25 per person 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.

PLEASE COMPLETE PART C ON REVERSE SIDE

**PART C ORGANIZATION REPRESENTATIVE(S)**

NAME \_\_\_\_\_

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

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

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

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

OPTIONAL INSURANCE?    Y    N

NAME \_\_\_\_\_

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

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

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

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

OPTIONAL INSURANCE?    Y    N

NAME \_\_\_\_\_

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

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

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

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

OPTIONAL INSURANCE?    Y    N

<p><b>ORGANIZATION FEE:</b>    \$ _____</p> <p><b>INSURANCE FEES(S)</b>    \$ _____</p> <p><b>TOTAL DUE:</b>            \$ _____</p>	<p><b><u>OFFICE USE ONLY:</u></b></p> <p>DATE: _____</p> <p>EXPIRES: _____</p> <p>AMOUNT RECEIVED: _____</p> <p>CHECK # _____ CASH _____</p> <p>STAFF: _____</p> <p>DATE: _____</p>
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