



FY 2018-BNN MEMBERSHIP APPLICATION

PLEASE INCLUDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:

- PROOF OF RESIDENCY
- PAYMENT (CHECK / MONEY ORDER / CREDIT CARD)
- PHOTO IDENTIFICATION
- PROOF OF TAX EXEMPTION (ORGANIZATIONS ONLY)

ALTERNATIVE PAYMENT AND LIMITED INCOME APPLICANTS ONLY:

- PROOF OF LOW INCOME
- PROOF OF AGE

Membership applications can also be completed on our website at <https://bnntv.org/get-involved/membership>.

Please print **NEATLY & CLEARLY** and fill out both sides of this form.

Name: _____ Organization (if applicable): _____

Street Address: _____ Apt or Suite #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

PRINT E-mail Address: _____ Birth Date: _____

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Age Group: <input type="checkbox"/> 18 and under <input type="checkbox"/> 19-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-54 <input type="checkbox"/> 55-74 <input type="checkbox"/> 75+
Race/Ethnicity: <input type="checkbox"/> White/Non-Hispanic <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic	
<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Haitian <input type="checkbox"/> Cape Verdean <input type="checkbox"/> Other	

If you would like to inform us of a handicap, disability or medical condition you may have, please do so on the line provided.

MEMBERSHIP TYPES (please check only one category) *New Membership* *Renewal*

	Membership Type	Fee	Membership Description
<input type="checkbox"/>	Individual Basic	\$35.00	For Boston residents to request cablecast of programs on BNN Community TV or airing programs on WBCA 102.9FM. Also provides access to crew within our BNN Community TV studio.
<input type="checkbox"/>	Individual Full	\$85.00	For Boston residents who want Multimedia Center computer access, media production training, and access to BNN production facilities and equipment for producing programs to be cablecast on BNN Community TV or aired on WBCA 102.9FM. Reduced fee available for qualified low-income applicants. Information available on request.
<input type="checkbox"/>	Youth and Seniors	\$30.00	Reduced fee Individual Full membership for Boston resident youth (18 years and younger) and seniors (65 years and older).
<input type="checkbox"/>	Organizational Basic	\$90.00	For Boston-based non-profit organizations or public institutions that would like to cablecast programs on BNN Community TV or air programming on WBCA 102.9FM, and submit listings to BNN's Community Message Board.
<input type="checkbox"/>	Organizational Full	\$290.00	For Boston-based non-profit organizations or public agencies that are interested in Multimedia Center access, video production training, access to BNN equipment for producing programs to be cablecast or aired on WBCA 102.9FM, access to BNN's Community Message Board, and BNN News & Information productions. Membership cost includes access for up to four representative members. <i>Note: BNN News and Information eligibility is based on an organization having met certain criteria. Contact BNN News & Information Studio Manager at 617-708-3226 for details.</i>

Membership Amount Due: \$ _____ (workshop fees not included)

PAYMENT INFO (we are unable to accept cash)

Check or Money Order, payable to BNN. Check / Money Order Number: _____

Credit card payment in person, by phone or via our website (Visa, Master Card, Discover, AMEX)

Please note what class(es) you want to sign up for or other follow-up requests: _____



Please read the following information about BNN membership and sign below to confirm your understanding and acceptance of these conditions. Please visit our website at www.bnntv.org for other membership and workshop information, or contact us at 617-708-3224 or membership@bnntv.org.

1. Memberships are valid for one year. Upon expiration, a member may opt to renew.
2. Membership and class fees are not refundable or transferable.
3. **New and renewing Individual applicants must provide proof of residency. The following types of documents are examples of acceptable proof: utility bill, bank statement, credit card statement, copy of a lease, or letter from Social Security. Documentation must show the applicant's name and home address, and must be dated within the last two months (12 months for a lease).**
4. Organizational applicants must be based in Boston and must furnish proof of non-profit status such as a 501(c)(3) or a tax exemption certificate.
5. Organizational applicants are responsible for ensuring their designated representatives understand and agree with these conditions.
6. Depending on availability, there may be limitations on the number of classes that a member may register for at one time, and on the number of organizational representatives that may sign up for any single class.
7. **All membership and workshop fees must be paid before taking classes or using facilities.**
8. Certification is given on completion of classes and/or with permission of the instructor. Different facilities and equipment types require different certifications.
9. All members must agree to become familiar with, and abide by, all applicable rules, guidelines and procedures governing use of BNN resources including facilities, equipment and channels. See BNN Membership Policy for details.
10. Members under 18 years of age must have a parent complete and sign the **Parental/Guardian Consent and Waiver of Liability Form for Members/Interns/Volunteers Under the Age of 18.**
11. There are sometimes special requirements for participation in classes and use of facilities by members under 18 years old. Written permission of a parent or guardian is required for each instance.

I understand and accept the above conditions of BNN membership:

Member Signature: _____ Date _____

Name and title of Signer if on behalf of an Organization: _____

Parent or Guardian for members under 18:

Print Name: _____ Signature: _____

Organizational Full applicants: please provide information for each of your designated representatives				
Name	Home Address	Home Phone	Email	Birthdate (if under 18)

Signature: _____ Date _____

For Office Use: App Received: _____	Needs: _____	Civi Updated: _____
Payment: _____	Member#: _____	Expiration Date: _____
Constant Contact: _____	BNN ID: _____	