



Arlington Community Media Inc.

ANNUAL MEMBERSHIP

Signature required on both front and back of this form.
Use one form per member; please print clearly.

Member ID# _____

Full Name: _____
Street Address: _____ City / State / Zip: _____
Home phone: _____ Work phone: _____ Cell: _____
E-mail address: _____ Website: _____

Type of membership:

- Individual Family/Group Business Nonprofit Town Agency Intern/Student

Eligibility for membership: (Please check all applicable boxes.)

- Arlington resident Arlington business: (Name) _____
 Arlington nonprofit: (Name) _____
 Town Agency or School: (Name/Grade) _____

If a member of a family, group, business, nonprofit organization, or Town Agency/School, I am . . .
 the primary contact for this group, for ACMi membership not the primary contact.

Date of birth: * ___/___/___ Gender: * _____

Emergency Contact Info (if under 18 or Intern)

Name: _____ Relationship: _____
Phone number: _____ Alternate: _____

ACMi has my permission to share the above information with other ACMi members: Yes No

If you wish any information you have given above to be withheld from membership lists available to other members, **please list on the line below which specific information to exclude:**

Signature: _____ Date: ___/___/___

*Privacy Policy: ACMi collects this information for its own records and for communication with/within its membership only. ACMi will not rent, sell, or otherwise provide this information to any other party except as required by law. *Please see other side.*

For ACMi office use only:

Paid: \$ _____ by cash/check. Received by: _____ on ___/___/___
(Circle one. Check # _____) (ACMi Staff)

Member Dues:

Individual Member \$ 40.00

Friend of ACMi \$ 10.00 donation

Family or Group (up to 4 members) \$ 70.00 (Each additional family or group member \$ 10.00)

Business (up to 4 members) \$ 125.00 (Additional members in a business \$ 10.00)

Non Profit Organization (NPO; up to 4 members) \$ 70.00 (Additional members in an NPO \$ 10.00)

Town Agency (required to fill out application only) No charge: \$ 0.00

Student/Intern (required to fill out application only) No charge: \$ 0.00

Dues are used to help cover the cost of membership support. Dues and policies are subject to change.

Note: Dues are payable at time of membership initiation, and membership will expire on the same date of the following year.

Please deliver this form along with check or money order payable to: ACMi, Attn: Outreach Coordinator
85 Park Avenue, Arlington, MA 02476

Access User Agreement

1. If the program producer, I will be responsible for the content of program material to be taped and/or cablecast by me and agree that such program material will not include:
 - a. any obscene or profane material;
 - b. any lottery or lottery information;
 - c. any advertising;
 - d. any direct or indirect solicitation of money, except where exempted under these rules;
 - e. any material which constitutes libel, slander, invasion of privacy or publicity rights, violation of trademark or copyright, or which might violate any local, state, or federal law.
2. I acknowledge that the producer is responsible for obtaining all approvals, clearances, licenses, etc., for the use of those program materials; including, but not limited to, approvals by broadcast stations, networks, sponsors, music licensing organizations, copyright owners, performer’s representatives, persons appearing in the program material, and any other approvals that might be necessary in order to cablecast the program via ACMi.
3. I indemnify and hold ACMi harmless against any claims arising out of any use of the program material that I cablecast or any breach of this Access User Agreement; including; but not limited to, any claims in the nature of libel, slander, invasion of privacy or publicity rights, noncompliance with applicable laws, and unauthorized use of copyright material.
4. I agree that I shall not represent myself or any other person involved in programming as an employee, representative, or agent of ACMi unless specifically authorized by ACMi to do so.
5. I understand that I may be liable for the costs of any repair or replacement of equipment or materials resulting from damage beyond reasonable wear and tear through normal use, misuse, or theft while such equipment or materials are in my possession or control. I understand the penalties that apply if equipment or materials are not returned on time. I also indemnify ACMi against any damage or liability incurred while using the equipment.
6. I shall not use ACMi channels, equipment, or facilities for any financial gain or other commercial purposes. I understand that programming produced with ACMi’s equipment and/or facilities shall be for the benefit of the Arlington community.
7. I understand that violation of the terms of this statement is grounds for forfeiture of the right to use ACMi’s equipment, facilities, or channel time.
8. I have been instructed on how to safely handle the access equipment I am borrowing, including the storing and lifting of it in and out of my vehicle and/or dwelling.

I have read and agree to the above Access User Agreement and the ACMi “Operating Policies & Procedures” manual.

(Applicant Signature)

(Date)