



# MEMBERSHIP

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

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Website: \_\_\_\_\_

Type of membership:

- Individual
- Family or Group
- Business
- Nonprofit
- Town Agency

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

- Arlington resident
- Arlington business: (Name) \_\_\_\_\_
- Arlington nonprofit: \_\_\_\_\_

I am (If a family, group, business, or nonprofit organization):

- the primary contact for this group, for ACMI membership
- a member of this group (not the primary contact)

Date of birth: \* \_\_\_/\_\_\_/\_\_\_ Gender: \* \_\_\_\_\_

Emergency Contact Info (if under 18)

Name : \_\_\_\_\_ Relationship : \_\_\_\_\_

Phone number: \_\_\_\_\_ Alternate: \_\_\_\_\_

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

X Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Contact preferences:	Home phone	Work phone	E-mail	Social (indicate)
I prefer to be contacted via:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Please do not contact me via:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

*Please see other side*

For ACMI office use only:

Paid: \$ \_\_\_\_\_ by cash/check. Received by: \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_ .  
 (Circle one.) (ACMI Staff)

Member Dues:	Renewals
Individual	\$ 30.00
Family or Group, up to 4 members	\$ 55.00
-each additional family or group member	\$ 10.00
Business (up to 4 members)	\$ 110.00
-additional members in a business	\$ 10.00
Non Profit Organization (NPO; up to 4 members)	\$ 55.00
-additional members in an NPO	\$ 10.00
Town Agency (required to fill out application only)	\$ 0.00

Dues are used to help cover the cost of membership support, including newsletters, postage, ISP accounts, etc. Dues and policies are subject to change.

Note: Dues are payable once per fiscal year -- July 01 of the current year to June 30 of the following year. Full membership fee applies regardless of when paid during the membership year.

Please deliver this form, with check or money order payable to ACMI to:

ACMI TV Studio  
Attn: Membership 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. \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
(Applicant Signature) (Date)