

**CHARLOTTESVILLE  
PUBLIC  
ACCESS**



# Membership Application

## Charlottesville Public Access Television

Charlottesville Public Access Television is a non-profit organization created to help YOU (the residents, groups and non-profit organizations of Charlottesville and surrounding counties) produce non-commercial television. Your programs are cablecast on CPA-TV channels 10, 13 and 14.

### **Individual Membership benefits include:**

CPA-TV apparel (t-shirt and cap), access ID number and badge, a primary time slot, equipment use privileges, subscription to our quarterly newsletter, use of our storage facilities, access to forthcoming post-production facilities, 10% discount on studio training classes, blank media for studio productions, a link on [www.cpatv.org](http://www.cpatv.org) to the individual's website and free entrance to "Speakers Series" during the year.

### **Organizational Membership benefits include:**

CPA-TV apparel (t-shirt and cap) for representative producers, eligibility for the Sunday programming lottery (if applicable), subscription to our quarterly newsletter, wall plaque recognizing participation with CPA-TV, access to forthcoming post-production facilities, link on [www.cpatv.org](http://www.cpatv.org) to the organization's website and free entrance to "Speakers Series" during the year.

**Please complete each item, then read and sign the "Statement of Compliance." Make all checks payable to the City of Charlottesville.**

Please check the appropriate category.

NEW MEMBER \_\_\_\_\_ RENEWING MEMBER \_\_\_\_\_ CHANGE OF ADDRESS \_\_\_\_\_

Type: INDIVIDUAL (\$25 city, \$35 non-city) \_\_\_\_\_ ORGANIZATION (\$50 city or non-city) \_\_\_\_\_

### **Applicant Information**

Legal Name: \_\_\_\_\_  
First Name Middle Name Last Name

Alias / Artistic Identity: \_\_\_\_\_  
Print any name that you use in addition to your legal name

Resident Address: \_\_\_\_\_  
Street Address Apt. # City State Zip Code

Mailing Address (if different from above): \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How did you hear of CPA-TV? Please circle all that apply.

CPA-TV Channel  
CPA-TV Staff

CPA-TV Website  
Yellow Pages

CPA-TV Member  
Newspaper

Other (please specify): \_\_\_\_\_

## STATEMENT OF COMPLIANCE

I, the undersigned, hereby warrant and represent to Charlottesville Public Access Television (CPA-TV) that:

I have read and thoroughly understand the content of CPA-TV's Policies & Procedures Manual, a copy of which I have received. I hereby agree to be bound by all policies, rules and procedures for CPA-TV producers. I will be thoroughly familiar with the content of all programs submitted by me for telecast and agree that it will comply with all applicable laws. I assume full responsibility for the contents of all programs to be submitted by me for telecast and will ensure that program contents will not violate any right, direct or indirect, of any third party.

I have obtained or, before a program is telecast will obtain, all releases, approvals, clearances, licenses and permissions, if any, which are required for the use of any program that I submit for telecast, including but not limited to, approvals by broadcast stations, networks, sponsors, music licensing organizations, any holder of copyright of performing talent rights, all persons appearing in or referred to in the program, and any other approvals that may be necessary to transmit the program over the cable channels operated by CPA-TV or any other cable television system without infringement of the rights of others. I am responsible for any licenses and fees owing to any third parties as a result of such programming.

I indemnify, protect and hold harmless Charlottesville Public Access Television, its officers, directors, employees and agents, and the cable operators, upon whose system the program is carried, from and against any and all claims, demands, actions, damages, costs, expenses or other liabilities, including but not limited to, attorney's fees, for the following: A breach of any other provisions contained herein: libel, slander, invasion of privacy or infringement of copyright; failure to comply with any applicable law, regulation or other requirement of the City of Charlottesville or federal authorities; unauthorized use of trademark, trade name or service mark; breach of contractual or other obligation owing by me to third parties; and any other injury or damage in law or equity arising or alleged to have arisen as the result of the telecast of such program.

I shall not represent myself or any other person involved in community access telecasting or productions as an employee, representative or agent of Charlottesville Public Access Television, their facilities or the City of Charlottesville.

I shall pay, in a responsible and timely manner, the cost of repair or replacement of CPA-TV equipment and materials resulting from damage beyond normal wear and tear, inoperability due to misuse or theft while such equipment or materials are in my possession or control. I understand the penalties that apply if: (a) I do not return the equipment on time or fail to vacate the facilities on time, or (b) I fail to meet the terms of repayment.

I shall not use CPA-TV channels, equipment or facilities for private gain or commercial purposes. I understand that programming produced with CPA-TV equipment and facilities, in whole or in part, must premiere on CPA-TV channels.

I understand that false or misleading information furnished below by me in this document constitutes grounds for forfeiture of the right to use CPA-TV channels, equipment and facilities.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Statement of Compliance signed by minors require signature below by adult member accepting responsibility.**

Printed Name: \_\_\_\_\_ Member #: \_\_\_\_\_

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

### OFFICE USE ONLY

Member Number: \_\_\_\_\_ ID Verify Document: \_\_\_\_\_

Res. Verify Doc: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Month Date Year

Method of Payments: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Staff Initials: \_\_\_\_\_