



Membership Application

Name: _____ Organization: _____

Address: _____

City / State / Postal Code: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

Age: _____ Date of Birth: _____

Preferred contact method (email/phone) : _____

Would you like your information provided to other MCM members if they should ever need volunteer help with their productions: YES NO ASK ME FIRST

***PRIVACY POLICY:** Medford Community Media collects this information for its own records and for communication with and within its membership only. Medford Community Media will not rent, sell, or otherwise provide this information to any other party except as required by law.

Emergency Contact: _____ Relation: _____

Address: _____

Home Phone: _____ Work Phone: _____

Are you able to volunteer? YES NO Areas of interest: HOST / CREW / EDIT / CAMERA

Are you a cable subscriber? YES NO With whom? Comcast Verizon

Type of Membership:

Medford Resident

Affiliate Membership

Organizational Membership

Number of Organizational Members:

Business Membership

Number of Organizational Members:

Please list all additional Family or Organizational Members on the next page...

Name: _____ Organization: _____

Address: _____

City / State / Postal Code: _____

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Mobile Phone: _____ Email: _____

Age: _____ Date of Birth: _____

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***Please sign the application below.
If you are under the age of 18 the signature of a parent or legal guardian is required:***

Print Name: _____ Signature: _____

Date: _____