



## Membership Information (Organization)

Organization Name:

Non-Profit Tax ID # (if applicable):

Street:

City:  State:  ZIP:

Day Phone:  Evening:  Other:

Email:

### Main Contact Information:

Name:

Your relationship to the Organization

Day Phone:  Evening:  Other:

Email:

### Emergency Contact:

Name:  Relationship:  Phone:

### Kitsap County Residency:

- Bremerton
- Bainbridge Island
- Port Orchard
- Poulsbo
- Silverdale or Unincorporated Kitsap County
- I am NOT a resident of Kitsap County, WA

Please list names of others eligible under this membership below (10 max):

### Agreement:

I have received the Bremerton Kitsap Access Television (BKAT) policy handbook and promise to abide by BKAT's policies. I verify that I am 18 years of age or older. If I am under 18 I will fill out this form and have one Parent or Legal Guardian sign for me. I understand that I will provide BKAT with a valid WA State Driver's License or ID that will be placed in my file before I am able to check out any equipment.

I affirm that the above information is correct and current.

Signature:  Date:

*(Parent or Legal Guardian signature if member is under 18 years of age)*

### Office use only below

ID on File  Fees:  Resident \$75  Non-Resident \$150

Date paid:   Playback Agreement **OR**  Playback Request Form

Program Provider:  Local  Imported  Production Originator

BKAT Volunteer  Community Bulletin Board