



Form Rev. 2025-10-06

Membership Information (Organization)

****Membership Period: January 1 to December 31****

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 Residency: I am a Kitsap County resident I am NOT a Kitsap County resident

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 affirm that the above information is correct and current.

Signature: Date:

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

Fees:

Resident \$75 Non-Resident \$150

Date paid: Received by: