



## MEDIA ACCESS COALITION OF CENTRAL CALIFORNIA MEMBERSHIP FORM

I wish to become a member of the Media Access Coalition of Central California Inc.

I support Public Access to electronic media and agree to abide by Federal and State laws and regulations including those related to nonprofit organizations, cable television, and copyrights.

Signed: \_\_\_\_\_

Date \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Address \_\_\_\_\_

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Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

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Email \_\_\_\_\_

Offices and Committees:

\_\_\_\_\_ effective: \_\_\_\_\_

\_\_\_\_\_ effective: \_\_\_\_\_

\_\_\_\_\_ effective: \_\_\_\_\_

INTERESTS:

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