



# Membership Enrollment

Hopkinton Community Access & Media

By signing below, I express my desire to become a member of Hopkinton Community Access & Media, Inc.

I also affirm that I have read and understand the **Operating Policies** for HCAM, including applicable membership dues or in-kind production contributions. (Policy copies available at the HCAM office or online at: [www.hcam.tv/pdf/HCAMPolicies.pdf](http://www.hcam.tv/pdf/HCAMPolicies.pdf))

I am aware that HCAM maintains a listing of members that is available for viewing during normal studio hours, and on a password-protected page of the HCAM website.

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

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

Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Organization (if any): _____
Address: _____
_____
Phone: _____
Website: _____

Staff: _____
Date: ___ / ___ / ___