



Access Membership Enrollment Form
Hopkinton Community Access & Media

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

I also affirm that I have read and understand the Operating Policies for HCAM-TV, including applicable membership dues or in-kind production contributions.

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

Signature: _____ Date: _____

Name (print): _____

Address: _____

Phone Number: _____

Email Address: _____

Staff: _____
Date: ___ / ___ / ___
