

# The Ohio/Kentucky Chapter

Alliance for Community Media

## Membership Application

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

\_\_\_ \$20 Annual Membership: Organizational Member

\_\_\_ \$20 Annual Membership: Professional Member

\_\_\_ \$5 Annual Membership: Producer/Volunteer/Student Member

### PROVIDE MEMBERSHIP INFORMATION

Name: \_\_\_\_\_

Title \_\_\_\_\_

Organization: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Membership Profile:

Cable Operator (s) : \_\_\_\_\_

Total Subscribers: \_\_\_\_\_

Franchise Expiration: \_\_\_\_\_ / State VSA \_\_\_\_\_

Number of Channels: P \_\_\_\_\_ E \_\_\_\_\_ G \_\_\_\_\_

Return completed application and membership fee to:

Treasurer  
OK Alliance  
2086 Waycross Road  
Forest Park, OH 45240

Make check payable to: OK Alliance      Total amount enclosed: \$ \_\_\_\_\_

Questions? Contact [chip@waycross.org](mailto:chip@waycross.org)