



# AOC COMMUNITY MEDIA

## ORGANIZATIONAL MEMBERSHIP APPLICATION

Please return this application with payment to:  
101 Jefferson Street, Ste. 100, Lafayette, LA 70501 or mail to: P.O. Box 5158, Lafayette, LA 70502

The contact information you give to us will only be used by AOC Community Media and will never be given to other organizations or individuals.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_ AOC ID: \_\_\_\_\_  
Email: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

NEW Member

RENEWING Member

Check one!

Meeting Space Only

Anyone from organization can use AOC's St. Julien Community Room or Multi-Purpose Room (without director's booth) for meetings or other non-commercial uses.

- \$100 per organization (six memberships included)

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

All-Access Membership

Production assistance provided as available as requested. Free registration to all basic-level workshops. One free advanced-level customized workshop per organization.

- \$250 per organization (six memberships included)

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

How did you hear about AOC?

Friend / Family  Advertisement  Social Media  Television / Radio / Newspaper  Email / Newsletter  Search Engine \_\_\_\_\_ Other: \_\_\_\_\_

### Membership Policy

- Membership is not required to submit programs for cablecast.
- Membership is required for the use of all facilities and equipment. Other rules for facilities and equipment use may apply.
- Membership will be valid for 12 months after approval of application. To remain active, memberships should be renewed annually.
- Memberships are non-transferable. Organizational memberships run concurrently and are non-transferable.

I have read and understand the policies above.

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

Staff Only

(revised 12/19/2016)

Payment received by: \_\_\_\_\_ Date: \_\_\_\_\_

Fee payment type: Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Paypal: \_\_\_\_\_ Waiver:  Scholarship:

Activation Date: \_\_\_\_\_ Anticipated renewal date: \_\_\_\_\_

Entered Info:  Facil Mailed Member Packet on: \_\_\_\_/\_\_\_\_/\_\_\_\_ Membership # \_\_\_\_ of 6