



# AOC Community Media 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

**AOC Community Media wants to know more about you, especially how we can get in touch with you. We always have exciting, new programs and opportunities that we want to share with you. 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: \_\_\_\_\_  
Organization Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Membership Type:**  Individual (\$35)  Student / Senior (\$25)  
 Group (\$100) *Attach individual forms for each group member (Must enroll together)*  
Group Name: \_\_\_\_\_

### Buy 1, Give 1 Membership

When you buy your AOC membership, why not give a membership to someone just like you? Double the amount you would originally send us, and we'll fund another membership for someone unable to fund their own. **Let us know you're making this contribution by checking the circle!**

### How did you hear about AOC?

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

### Membership Policy

- Membership is not required to submit programs for cablecast.
- AOC Community Media 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.
- Groups may be comprised of 4 individuals; additional members on the same group may be enrolled for \$25 each. Group memberships run concurrently and are non-transferable.

**I have read and understand the policies above.**

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

### Staff Only

(revised 10/1/2011)

Payment received by: \_\_\_\_\_ Date: \_\_\_\_\_  
Fee payment type: \_\_\_\_\_ Cash Check #: \_\_\_\_\_ Waiver: \_\_\_\_\_ Scholarship: \_\_\_\_\_  
Activation Date: \_\_\_\_\_ Anticipated renewal date: \_\_\_\_\_  
Facil entry by: \_\_\_\_\_ Date: \_\_\_\_\_