



Connecting the Community

KMVT Access User Application

1400 Terra Bella Ave., Suite M, Mountain View CA 94043 650.968.1540 www.kmvt15.org info@kmvt15.org

KMVT Community Television is a non-profit community based organization providing local programming, training and workshops to those who live and work in the cities of Mountain View, Los Altos, and Cupertino. KMVT is a resource center specializing in high end, innovative video and production services that support the media needs of non-profit and government organizations. KMVT's mission is "to create a digital marketplace to share the stories that connect our communities."

Please Print Neatly

Prefix (Mrs/Mr/Ms) First Name Last Name Suffix (Sr/Jr/IV)

Should we address you by your spouse's/partner's last name or your last name? ___ Yes ___ No

___ Yes, you may solicit me for donations by ___ mail and/or ___ phone.

___ No, please do not solicit me for donations for KMVT by mail or phone.

Resident Address City State Zip

___ Yes, please send correspondence for me to my resident address.

___ No, please send correspondence for me to the following address:

Mailing Address (if not at resident address) City State Zip

Home Phone Work Phone Cell Phone

FAX Number E-Mail Address Web Page Address

I understand that my signature on this form shows that I have received a copy of the "Community Access User's Guide". By signing this form I agree to adhere to the policies as stated in the "Community Access User's Guide". I understand that by not abiding by these policies my access privileges may be suspended by KMVT.

Applicant's Signature Date

| | | | | | | |
|---|------------------------------|-------------------------|-------------|-----------------------------------|--|--|
| Type of Application Applying For (For Office Use Only) : | | | | | Access User Number: (place sticker here) | |
| ___ Access Resident | ___ Youth or Senior Resident | | | | | |
| ___ Affiliate/Non-Resident | ___ Import Producer | ___ Organization: _____ | | access user #1 | access user #2 | |
| Name of Organization | | EIN # _____ | | access user #3 | | |
| Payment: | Amount: [] \$40.00 | [] \$25.00 | [] \$85.00 | [] \$125.00 | [] \$200.00 | |
| Residency verified by: | ___ Method: [] Cash | | [] Check | [] Credit Card (VISA MasterCard) | | |
| Date _____ | Receipt # _____ | Check # _____ | | Staff Initials _____ | | |