



North Andover Community
Access & Media, Inc.
PO Box 125
North Andover, MA 01845

Membership Form

Name		Date
Organization		
Address		
City, State, Zip Code		
Home Phone	Alt. Phone	
Email		
Occupation (Skills/Interests)		

Member Benefits: Training, access and support regarding North Andover CAM equipment. Use of North Andover CAM facilities for production and editing. Voting privilege at the Annual Meeting or member meetings. Eligible for member representative seat on North Andover CAM's board of directors. Low cost copies of North Andover CAM programming. Membership must be renewed annually. See policies and procedures manual for more information.

Organization Membership: Any organization based in North Andover including North Andover chapters of state or national organizations. An Organization Membership includes Member benefits for two representatives. Additional individuals from the organization may join by paying the "Additional" membership fee. Organization members have voting privilege at the Annual Meeting or member meetings and are eligible for a member representative seat on North Andover CAM's board of directors.

Contributing Donations: Please consider a donation to allow the membership dues to remain at their current level. North Andover CAM is a 501c(3) charitable organization and donations are **tax deductible**. A member contributing \$25 or more will be recognized on our web site as a proud supporter.

Membership Types

Individual \$20 <input type="checkbox"/>	Family \$50 <input type="checkbox"/>	Organization \$75 <input type="checkbox"/>	Additional Contribution \$ _____
Youth \$10 <input type="checkbox"/>	Senior Citizen \$10 <input type="checkbox"/>	Additional Org \$ _____	NAHS Staff/Student <input type="checkbox"/>

Would you like to be added to a volunteer crew list of members, allowing North Andover CAM the opportunity to call if assistance is needed on a project? Yes No

How did you hear about North Andover CAM?

- Flyer Event
 Brochure Newspaper
 Friend/Family NACAM Program
 Web site Other: _____

I have received, read, and agree to abide by the Policies and Procedures of North Andover Community Access and Media, Inc.

Signature		Date
Signature of Parent/Legal Guardian If applicant is under 18	Print Name	Date

*For Office Use Only
Fill Out Upon
Completion*

Photo ID Other Proof of Residence _____
 Amount Paid _____ Initials _____