

248-589-7778 • fax: 248-589-7779 info@cmntv.org • www.cmntv.org

Membership Log-On & Statement of Compliance

Community Media Network is the place to turn for Public Access Television. This highly original form of television is actually produced by people living in neighborhoods just like yours! You don't have to be a "TV professional" or have "Hollywood connections" to make TV here—in fact, all you need is an idea for a program and some time to learn how to make it happen. In the world of Public Access TV, you'll see sports, drama, music, comedy, public affairs and even programs about charitable organizations. The shows are as diverse as our opinions, and there's always room for more! Simply complete and return this completed form to CMN.

Mr. Name <u>Ms.</u>	
First	Last
Address No P.O. Boxes - You will be require	ed to provide address verification
City	Zip
Home Phone	email
Do you have a personal URL/Website?	leave blank
Are you eighteen years of age or older? — If under 18, a parent or guardian signitureis required to	
Is this membership a non-profit membership If yes, please complete section below.	ip?yesno
Organization's Name	
Organization's Address	
Organization's City (What city is your HQ in?)	
Organization's URL/Web Address	lank
CMN STAFF ONLY	Payment Info

wempersni	ρ		Payment info
Resident	Elected Official	10wk PCS Completion Date	Paid \$
Non-Res	Non-Profit		Date
Playback	Bulletin Board		
Reaching Out(Date Taped)		Receipt #	

Community Media Network requires that all producers sign this form once it is read and understood.

A. I have read and understand the Community Media Network (CMN) operating policies and procedures. I am thoroughly familiar with the rules and procedures on the use of CMN production equipment and facilities, and agree to abide by them.

B. I assume full responsibility for the content of all program material produced, created or included, and ensure that such program material will not violate the rights of any third party.

C. I agree to pay the costs to repair or replace the equipment or material that is damaged, misused or lost while such equipment or materials are in my possession or control. I understand the penalties that apply if I do not return equipment or materials on time.

D. I agree to indemnify and hold harmless the participating municipalities, CMN, and their agents, employees and representatives from any and all liability and injury (including reasonable attorneys' fees and costs incurred in defending claims) arising from, or in connection with: claims for failure to comply with any applicable laws, rules regulations or other requirements of local, state or federal authorities; claims of libel, slander, invasion of privacy, or the infringement of common law or statutory copyright; claims for unauthorized use of any trademark, trade name or service mark; for breach of contractual or other obligations owing to third parties by the producer including union residuals or other payment for any purpose whatsoever, and claim, in law or equity, which may arise or result from this program or the producer's utilization of CMN services, equipment, facilities and cable access channels. I understand that I may be criminally or civilly liable for producing or presenting such material for transmission.

E. I will not represent to others that I am an employee, representative or agent of CMN or its affiliates; nor will I make such representations on behalf of any other person involved with my production.

F. I agree that use of facilities and equipment is for the purpose of creating television programming to be transmitted via PEG access channel(s) and will not be produced with commercial intent.

G. I understand that false or misleading statements or omissions made in this application are grounds for forfeiture of the privilege to use production equipment and facilities and/or cable channels(s) and I will hold CMN and its affiliates harmless and indemnify such against any loss or claim which results from any false or misleading statements or omissions.

H. I agree no oral modification, amendment, extension or waiver of this agreement will be binding upon me or CMN and its affiliates.

Print Name: _____

Signature: _____

Signature of Guardian: _

If member is under 18yrs of age