

GATE Membership Application 2019
Please print legibly

Name			Date	
Address				
City		State	Zip Code	
Home Phone		Cell phone		
Work Phone		E-mail:		
Areas of interest:				
Producing	Directing	Camera	Lighting	Sound
Editing	Acting	Interviewing	Script writing	
Other				
Please read and initial the following:				
As a member, I understand that all productions are for the benefit of the GATE Channel and will submit a broadcast-ready production within two weeks of the finished edit process _____				
Equipment rented through GATE must be returned on time and in the condition in which it was issued. I will reimburse GATE for any and all damages and repairs. I understand late returns will be charged \$20 per day per piece of equipment beginning the scheduled day of return _____				
I agree to adhere to all GATE policies and understand that non-compliance may result in my membership being revoked and/or other penalties _____				
Additional policies can be found on the GATE website at www.greenbeltaccessstv.org				
Applicant signature			Date	
Parent or Guardian			Date	
Membership is for one calendar year (Jan. 1 – Dec. 31)				
Payment: Cash \$		Check #		
Date received		Membership manual issue date		
ID copy attached		Processed by:		