



MEMBERSHIP REGISTRATION FORM

(Please Print)

Today's Date

MEMBER INFORMATION

Last Name		First		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	
City of Dayton Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cable Subscriber <input type="checkbox"/> Yes <input type="checkbox"/> No		Age		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Street Address			Birthdate / /	Home Phone No. ()	
City		State		ZIP Code	
Occupation		Employer Name / Phone		Your E-Mail Address	

How did you hear about DATV?

- Radio
 Television
 Newspaper
 Family
 Friend
 By Watching DATV
 Yellow Pages
 Internet
 Billboard
 Other _____

TYPE OF MEMBERSHIP New or Renewal

- Youth Under 18
 Individual
 VIP
 Supporter
 Crusader
 Visionary
 Circle of Spirit
 Nonprofit
FREE \$50 \$75 \$125 \$250 \$400 \$250 \$250

Amount Paid: _____ Staff Signature _____

GUARDIAN INFORMATION (IF UNDER 18)

Name	Birth Date / /	Address (if different than above)	Home Phone No. ()
Is this person a member here? <input type="checkbox"/> Yes <input type="checkbox"/> No			

As the legal guardian of the above person, I authorize him/her to participate in DATV's activities, and recognize that I am responsible for the actions of the above member.

X Signature of Guardian _____

INSURANCE INFORMATION

Property Insurance Company Name: _____ Type of Insurance: Homeowners Renters

(Note: You must provide a copy of your insurance before you can keep equipment overnight.)

IN CASE OF EMERGENCY

Name of Local Friend or Relative	Relationship to Member	Home Phone No. ()	Work Phone No. ()
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The above information is true to the best of my knowledge. I understand that I am financially responsible for any damage to DATV's equipment or facilities that may occur while it is in my care. And I agree to abide by DATV's Rules and Regulations.

X Member Signature _____ Date _____