



Lowell TeleMedia Center  
246 Market Street, Lowell, MA 01852 978-458-5400 LTC.org

## Membership Application

### Select Member Type:

- Individual \$50
- Youth(<19) / Senior (>65) \$25
- Family of 2 or more living at the same Lowell address, \$100
- Charitable Organization (five additional members included) \$150
- Business (five additional members included) \$300

Today's Date: \_\_\_\_\_

Orientation Date: \_\_\_\_\_

### Contact Information:

Primary Member Name: \_\_\_\_\_

Organization or Business Name (if applicable) : \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Phone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

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### Additional Family or Organizational Members:

2. Name \_\_\_\_\_ Email: \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

3. Name \_\_\_\_\_ Email: \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

4. Name \_\_\_\_\_ Email: \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

5. Name \_\_\_\_\_ Email: \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

6. Name \_\_\_\_\_ Email: \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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Do you have previous experience with any of the following?

\_\_\_ Apple computers                      \_\_\_ Graphic Design

\_\_\_ PC computers                         \_\_\_ Web Design

\_\_\_ Video/Television                    \_\_\_ Digital Media

How did you learn about LTC?

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What do you want to do at LTC?

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Are you interested in volunteering on other producers' productions? If yes, in what capacity?

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