



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

Membership Application

Select Member Type:

Today's Date: _____

- ___ 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**

Contact Information:

Primary Member Name: _____

Organization or Business Name (if applicable) : _____

Address: _____

Phone: Home: _____ Mobile: _____

Email: _____

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 _____

Do you have previous experience with any of the following?

___ Apple computers

___ Graphic Design

___ Windows computers

___ Web Design

___ Video/Television

___ Digital Media

How did you learn about LTC?

What do you want to do at LTC?

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

Agreement with the Rules and Procedures

By signing this form you are indicating your agreement with the full LTC Rules and Procedures. These rules have evolved in order to ensure a smooth and productive experience for all members; and to make sure everyone understands their legal responsibilities. If you have questions about these or other procedures at LTC you are invited to bring them to a staff member for explanation as soon as possible.

1 I also understand that LTC's facilities are to be used only for production of local programming, job skill enhancement or community development activities; *not* for personal financial gain.

2 I am thoroughly familiar with the nature of the program material produced with LTC's resources (computer, television or radio based) and I take full responsibility for its content. I agree to obtain all necessary clearances, releases, permissions, etc., from any and all organizations, groups or individuals as required for projects.

3 I understand that the following material is prohibited from being produced, displayed, copied, distributed or programmed from any LTC production platform:
a) Any commercial programming or advertising; b.) Any material which constitutes libel, slander or invasion of privacy; c.) Any obscene material or pornography; d.) Any unauthorized use of copyrighted material, unlicensed software or publicity rights; e.) Any material in violation of FCC regulations; and, f.) Any activity or material which violates local, state or federal laws.

4 I understand that LTC's Computers have full, uncensored access to the Internet and that access to such resources requires critical, discretionary use by everyone.

5 I understand that I am ultimately responsible for all LTC equipment and facilities that I use. I agree to fully cooperate with the LTC insurance carrier in any claims. In the event Carrier denies the claim, I agree to pay for the replacement of any and all equipment damaged or destroyed while being used by me.

6 I understand I am responsible and agree to hold harmless the City of Lowell, Lowell Telecommunications Corporation, Comcast, their directors, employees, or successors, for any liability, loss, claim, cost or damage of any nature whatsoever which may arise by reason of any claim, that any material produced by me, from any output device, infringes or violates any rights of any person or organization.

7 As an LTC member I understand that I am expected to respect the rights and opinions of others at LTC at all times. It is everyone's responsibility to maintain a safe and productive working environment. LTC staff reserves the right to ask anyone to leave if these rules are being broken. There might be additional consequences for breaking these rules, including suspension from the facilities.

Signature: _____

Date: _____

Name: _____

Signature of Parent/Guardian: _____
(if Member is under 18)

Date: _____

Minor Name: _____

Age of minor: _____