



Membership Information - Organization

Organization Name _____

Non-Profit Organization Tax ID #: _____

Officially the Organization is: Public Educational Governmental

Organization address: *Note, Organization must be located in Kitsap County

Street _____

City _____, WA. 98_____

Phone: () _____ - _____ Email _____

Your Contact information:

Your name: _____

Your relation to Organization: _____

Your contact phone number: day () _____ - _____ evening () _____ - _____

You: Have Have not filled out an Individual Membership Form

Other persons who are eligible under this Organization:

Name (please print clearly)	Video playback (✓)
_____	_____
_____	_____
_____	_____
_____	_____

Agreement:

I have received the current Bremerton Kitsap Access Television Policy Handbook and promise to abide by BKAT's policies. I understand it is my responsibility to inform BKAT of any and all changes that should be made to this form. The Organization is located in Kitsap County and I am 18yrs. or older. I have provided my contact numbers on this form and I understand that I am taking full responsibility for this Organization's activities on BKAT. I understand that I am to be the official representative of listed Organization and will provide all persons I list on this page access to the Policy Handbook.

I have listed other name(s) of individuals that allow them to provide BKAT with video tape(s) UNDER the Organization's name. I understand that they as individuals can also submit videos on their own that will be held in their own file and will not be representative of this organization.

I understand that any person checking out equipment for this Organization is solely responsible for the equipment and they need to fill out an Individual Membership Form. I understand that each individual checking out equipment for this Organization must have a valid WA St. Drivers License or ID and is a Kitsap County resident and that they must abide by BKAT's policies. A copy of their paperwork done under this Organization's name will be placed in this file for this Organization and the original paperwork will be in the individual's file.

I affirm that the above information is correct and current.

Signature: _____ date: ____/____/____