



Community Media Center of Marin Organizational Membership Application

Thank you for your interest in supporting the CMCM by becoming a member! Organizational Membership in the Community Media Center entitles your organization to enroll three members in our training workshops (additional training fees apply). Your organization can also use our facilities and equipment (upon certification of proficiency) when producing programming for the channels. Membership also entitles your organization to participate in the governance of the CMCM through the election of board seats and participation in advisory groups.

Membership is open to all governmental, educational, non-profit and community based organizations based in Marin County. If you are based in Novato, you should also contact Novato Public Access TV (www.npat.org) about local membership opportunities there.

Benefits of Membership

- Support our local Public, Educational and Governmental Access Channels.
- Pay reduced fees for CMCM events including workshops and use of production facilities.
- Access to the latest digital media tools and training.
- Eligibility to vote for members of our Board of Directors.
- Receive member updates of what's happening at CMCM.
- Access to member features on our website.
- Support free speech and local civic media that serves our communities.
- CMCM is a 501c3 non-profit and all donations are tax deductible.

I would like to become a CMCM Organizational Member!

- \$75 Membership (annual budget less than 250K)
 \$150 membership (annual budget greater than 250K)

Please print clearly below:

Organization: _____

Street: _____

City: _____ **State:** _____ **Zip:** _____

Phone (office): _____

Org Main Contact: Person _____

Phone: _____ **Email:** _____

Additional Member Contact Information (optional)

1) Name: _____

Phone: _____ **Email:** _____

2) Name: _____

Phone: _____ **Email:** _____

Membership Fee: _____ (from above)

Additional Donation: _____ (optional)

Total Amount Enclosed: _____ (you will be mailed a receipt)

Please make checks payable to: **Community Media Center of Marin**
Mail payment and application to: **Community Media Center of Marin**
819 A Street, suite 21
San Rafael, CA 94901

Office only: Date Paid _____ **Proof of Residency** _____