# Membership
## individual application

name _____

address _____

city, state, zip _____

email _____

phone _____

**signature** _____

**Members under 18 require approval of parent / guardian. Please complete reverse side.**

please contact me via ☐ email ☐ mail ☐ phone

$25 membership

_____ add'l donation

_____ total

make checks payable to:
Access Humboldt
PO Box 157
Eureka, CA 95502

# why join?

- access to Community Media Center - TV studio & more!
- local media production, archiving & distribution services
- support free speech, community media & local voices
- support lifelong teaching & learning
- support real time civic participation
- media workshops with special discounts
- shared use of field production & post-production facilities
- advocacy for community media & broadband access
- eligible to vote & serve on AH Board or Committees

www.accesshumboldt.net
707.476.1798
707.476.1702 (fax)
info@accesshumboldt.net

To be completed by parent / guardian
for members under 18.

name _____

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phone _____

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