



Newington Community Television  
200 Garfield Street, Suite 112  
Newington, CT 06111  
VM: 860-667-5814 Email: [nctv@nctv.org](mailto:nctv@nctv.org)  
<http://www.nctv.org>

## Applicant Data Form

Check One or Both: ☐ Applying for NCTV Membership

☐ Applying for use of Public Access Channel

### General Information

Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (H) (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Phone (W) (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

Signature \_\_\_\_\_ Over 18 ☐ Yes ☐ No

\*If "No", a Parent or Guardian must sign below.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Information

In the event of an emergency or accident, we will dial 911 immediately. Please provide the name of an emergency contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Nighttime Phone # \_\_\_\_\_

### Background Information (If applying for membership)

How did you hear about NCTV?

Which aspects of NCTV are you most interested in becoming part of?

Do you have any experience in Television? If yes, please describe: