



Community Member Application

Orientation Date	___/___/___	Join Date	___/___/___	<input type="checkbox"/> Renewal	<input type="checkbox"/> New	
Name	_____			Date	_____	
Organization (if applicable)	_____					
Address	_____					
	City	_____	State	_____	Zip	_____
Phone	Home	_____	Work	_____	Cell	_____
E-mail	_____					

Membership Category: Please note, memberships are NOT refundable.

Individual \$25

Cost for membership services exceeds membership fees. Please consider a donation. Thank you!

SNCAT Friend \$100 \$50 \$25 \$10 other: \$ _____

Why are you interested in becoming an Affiliate Member? Check all that apply

- Renting SNCAT equipment and facilities
- Use of The Media Lab (computer lab)
- To submit programming
- Eligible for video and computer seminars
- Discount media duplicating

PLEASE READ REVERSE SIDE OF THIS FORM

I have read, am familiar with, and agree to abide by the Operating Rules and Procedures of Sierra Nevada Community Access Television, summarized on the back of this form.

Name (print) _____

Signature _____ Date _____

Signature of Parent or Guardian (if above is under 18) _____

Agreement with Programming Policies

Summary of the Programming Policies of Sierra Nevada Community Access Television

1. I agree to obtain all necessary clearances and permissions from any and all organizations, individuals, and groups as may be needed to videotape and/or cablecast material on the access channel.
2. I will be thoroughly familiar with the nature of the program material of any program I submit for cablecast and take full responsibility for its content. I understand that presentation of the following is prohibited:
 - Any commercial advertising or programming including:
 - promotion of the sale of any service or product
 - price information
 - commercial calls to action or inducements to buyWithin permitted programming, contact information must be limited to the name of an individual, business or organization. Addresses, phone numbers, and web sites may not be included.
 - Programming that does not have clearances, releases, or other assurances from copyright holders and/or those appearing in the production.
 - Programming that falls below minimal technical standards for cablecast. Please see the Operating Rules and Procedures for information on formatting requirements.
 - Programming that does not fall under constitutionally protected speech and raises serious risk of liability on the part on SNCAT. This may include, but is not limited to: libel, slander, unlawful invasion of privacy, sedition (advocacy of violent overthrow of the government), or obscene material.
 - Obscene material as determined by the courts is material which:
 - to the average person, applying contemporary community standards, taken as a whole, appeals to the prurient interest
 - depicts or describes sexual content in a patently offensive way
 - taken as a whole, lacks serious literary, artistic, political or scientific value
3. I agree to use my best judgment and make SNCAT aware (on the Programming Contract) of any programming which may be objectionable to cable television subscribers. I understand that SNCAT has the right to place a disclaimer before, during, and after any program that, as indicated by the program provider or in the best judgment of SNCAT staff, may be objectionable to cable subscribers. The disclaimer will advise viewer discretion for the program and will indicate that responsibility for the content of the program lies with the program provider and not with SNCAT, the City of Reno, nor the cable provider.
4. I understand that I am responsible for the production and presentation of my programs. I agree to hold harmless the cable provider, Sierra Nevada Community Access Television, and the City of Reno, its directors and employees (and their successors) from any liability, loss, claim, cost or damage of any nature whatsoever which may arise by reason of any claim that any material produced, cablecast or disseminated by me infringes or violates any rights of any person or organization.

OFFICE USE ONLY	Date	___/___/___	Expires	___/___/___	
Transit #	_____	ID check	_____	Intern for	_____
Amount Received:	check _____	cash	_____		
Staff	_____				



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