



65 Day Road, Ventura, CA 93003
805-658-0500 www.capsmedia.org

MEMBERSHIP APPLICATION

Welcome to the CAPS Media Center, a member based nonprofit organization facilitating cable access for Ventura residents, students, and nonprofit organizations. To join, attend one of our Orientation classes, read the Operating Policies, sign the Statement of Compliance form, and fill out the appropriate membership application section of this form. Submit all applicable forms in person with the annual fee and proof of qualification listed below.

Membership Categories: (choose one only)

____ Individual Membership – \$40.00 Annual Fee: includes one voting membership with full training and access privileges. Qualification requires one of the following: Resident within the City of Ventura, student attending a school within the City of Ventura, employed at a business located within the City of Ventura or employed with a Ventura County based nonprofit organization. Proof of residency, school enrollment or employment is required, driver’s license, utility bill, school or business ID, paystub, etc.

____ Nonprofit Organization – \$100.00 Annual Fee: includes one voting membership for the organization contact and up to four authorized members with full training and access privileges. Any Ventura County based nonprofit providing services within the City of Ventura may qualify. Proof for eligibility requires verification for qualification using the registered name of the nonprofit organization and their 501(c)(3) EIN number.

Individual Membership: (For Organization Membership Please See Other Side)

Date Submitted: ____ / ____ / ____

Name: _____

Street Address _____ Ventura, CA Zip: _____

Home: _____ Mobile: _____ Business: _____

Email: _____

Signature: _____ Date: ____ / ____ / ____

Parental Signature: (for minor applicants): _____ Date: ____ / ____ / ____

STAFF SECTION ONLY: Note: Membership starts only when fees are paid, and proof of eligibility is presented.

Entered in FACIL: ____ / ____ / ____ FACIL Member #: _____ Fee amount: _____

Proof of eligibility (*copy made for member file*): _____

Staff Signature: _____

Nonprofit Organization Membership Application

Nonprofit Organizational Membership: (For Individual Membership Please See Other Side)

Please list the organization contact and up to four authorized members who will receive the training and membership privileges offered under the organizational membership. The organization contact must also be listed as an authorized member if they intend to utilize the membership training, services, and facilities.

Nonprofit Organization: _____ EIN Number: _____

Type: Community Government Educational Recreational Religious Service

Other: _____

Main Office Phone: _____ Main Office Fax: _____

Main Office Mailing Address: _____

City/State/Zip: _____

Organization Contact (*This is the main representative of the nonprofit organization in charge of selecting and managing the four authorized members.*)

Name: _____ Title or Pos. _____

Home: _____ Mobile: _____ Business: _____

Email: _____

Signature: _____ Date: ____/____/____

Authorized Members (*Individuals authorized to utilize training, services, and facilities under the nonprofit organizational membership.*)

Name: _____ Title or Pos. _____

Home: _____ Mobile: _____ Business: _____

Email: _____

Name: _____ Title or Pos. _____

Home: _____ Mobile: _____ Business: _____

Email: _____

Name: _____ Title or Pos. _____

Home: _____ Mobile: _____ Business: _____

Email: _____

Name: _____ Title or Pos. _____

Home: _____ Mobile: _____ Business: _____

Email: _____