



## Membership Information (Individual)

**\*\*Membership Period: January 1 to December 31\*\***

Name:

Street:

City:  State:  ZIP:

Day Phone:  Evening:  Other:

Email:

### Kitsap County Residency:

- Bremerton                       Bainbridge Island                       Port Orchard
- Poulsbo                               Silverdale or Unincorporated Kitsap County
- I am NOT a resident of Kitsap County, WA

### Emergency Contact:

Name:  Relationship:

Phone number:

### Your Age:

- 18 years of age or over                       Under 18 years of age

Parent/Guardian name if under 18  (please print)

### Agreement:

I have received the Bremerton Kitsap Access Television (BKAT) policy handbook and promise to abide by BKAT's policies. I verify that I am 18 years of age or older. If I am under 18 I will fill out this form and have one Parent or Legal Guardian sign for me. I understand that I will provide BKAT with a valid WA State Driver's License or ID that will be placed in my file before I am able to check out any equipment.

I affirm that the above information is correct and current.

Signature:  Date:

*(Parent or Legal Guardian signature if member is under 18 years of age)*

### Office use only below

ID on File  (✓) Fees:     Resident \$25                       Non-Resident \$50

Date paid:      Playback Agreement **OR**     Playback Request Form

Program Provider:     Local     Imported     Production Originator  
 BKAT Volunteer     Community Bulletin Board