



Bedford Community Access Television, Inc.

Membership Form

Full Name _____

Telephone _____

Email _____

Address _____

Name of Organization, if Applicable

Check if you are interested in volunteering at Bedford TV

By signing below, I confirm that I have read, understand, and agree to the Bedford TV Rules and Regulations. These rules may update yearly and can be found by visiting www.bedford.tv/about. I also consent to being added to Bedford TV's monthly e-newsletter list.

Signature (parent/guardian if under 18): _____

Date: _____

Bedford TV does not charge for membership. You may consider supporting our mission by visiting www.bedford.tv/donate.