Urbana Public Television
Membership Application

Name_____**Date** _____

Organization_____

Address_____

City_____ **State** _____ **Zip**_____

Home Phone_____ **Work Phone**_____

E-Mail_____

Driver's License Number_____

How did you hear about UPTV?

Why are you becoming a member of UPTV?

Will you be using our video and editing equipment or do you have your own?

What types of programs will you be creating?