



Membership Information - Individual

Name: _____

Street _____

City _____ WA. 98_____

Day Phone: () _____ Evening: () _____

Other () _____

Email _____

Kitsap County Residency:

- City of Bremerton Silverdale or Unincorporated Kitsap County
- Port Orchard Poulsbo
- Other, please explain: _____

Your Age:

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

Parent or 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 am a Kitsap County resident and 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 St. Drivers License or ID that will be placed in my BKAT 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 ____ (✓)

Date certified:

Camcorder: ____/____/____ [Staff initial ____]

Studio Suitcase: ____/____/____ [Staff initial ____]

Editing: ____/____/____ [Staff initial ____]

Status:

Program Provider () / Production Originator () / BKAT Volunteer () / Mailing List Only ()

BKAT • 7266 Tibardis Rd. NW • Bremerton, WA 98311 • Voice: (360) 308-0139 • Fax: (360) 308-0239