

# SUN PRAIRIE MEDIA CENTER MEMBERSHIPS

Becoming a member of the Sun Prairie Media Center has its perks, including: Access to the SPMC studios, equipment, and editing workstations, ability to submit programming to be aired on KSUN, KIDS-4, or 103.5 The Sun Community Radio, access to workshops and KIDS-4 classes at special member rates, and much more! Memberships are valid for one year and are tax-deductible.

NEW MEMBERSHIP

RENEWAL OF EXISTING MEMBERSHIP

DATE: \_\_\_/\_\_\_/\_\_\_

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

T-SHIRT SIZE: \_\_\_\_\_

Annual membership options:

**\$100 / non-profit organization**

Name of non-profit \_\_\_\_\_ Main contact name \_\_\_\_\_

**\$ 40 / individual membership**

**\$ 25 / seniors (55 and over) / students (21 and under)**

**\$ 50 / family membership** Names of family members \_\_\_\_\_

**\$ 20 / friend membership;** Does not provide access to studios/equipment.

Friends can provide programs for air.

**Additional tax-deductible donations are welcome!** Additional donation amount: \_\_\_\_\_

**Form of payment:** Cash, Check or Credit (circle one)

CASH

CHECK # \_\_\_\_\_

CREDIT CARD

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

CVV Code \_\_\_\_\_

Card Holder Printed Name \_\_\_\_\_

Card Holder Signature \_\_\_\_\_

\*This membership form applies only to residents and organizations located within the SPASD. See SPMC staff for memberships for residents or organizations outside the SPASD.

\*All users must also complete workshop training and pay the fee associated with the training in order to use SPMC equipment/facility.

\*Productions completed with SPMC equipment must be submitted for playback on either KSUN, KIDS-4, or 103.5 The Sun

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

SUN PRAIRIE MEDIA CENTER 1350 Linnerud Drive, Suite 2 Sun Prairie, WI 53590 608-837-4193

## OFFICE USE:

**Membership begin and end dates:** \_\_\_\_\_ to \_\_\_\_\_ **Staff Initials** \_\_\_\_\_ **MCM:** \_\_\_\_\_

**Form of payment:** Cash, Check or Credit : **DATE PAID** \_\_\_\_\_ **NEWSLETTER:** \_\_\_\_\_ **THX LTR:** \_\_\_\_\_ **CG:** \_\_\_\_\_