



**Yes! I/we would like to support the mission of PPMTV through membership.**

**Business Name: (if applicable):**

**Contact name:**

**Mailing address:**

**Email address:**

**Daytime phone:**

**Cell/ Alternate:**

**Check type of membership:**

Individual     Family (up to 2 adults, plus children under 18.)

Business/organization

**Please provide names of family members if applicable:**

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**I support the mission of PPMTV, will comply with the bylaws of Portsmouth Public Media Inc., and when submitting programming to PPMTV will comply with its programming policies and complete the required certification forms for the programs submitted. I <am/am not> (circle one) a resident of Portsmouth.**

**Signed:**

**Date:**

**Please return with payment to: Treasurer, PPMTV, 280 Marcy Street Portsmouth NH 03801**

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**PPMTV USE ONLY:**

**Membership fee received: \_\_\_\$100 individual \_\_\_\$150 family \_\_\_\$250 business**

**Application approved date:**

**Expires date:**

**By:**

**The term of membership is one year from the date of approval, except that in the inaugural year members who are approved prior to the "first broadcast date" of PPMTV on Comcast Cable will have their membership expire one year from that first broadcast date.**