



**CTAM Membership
Invoice
2016-2017
(Expires June 30, 2017)**

Name of Member: _____
(Name of Municipality or Access Center IF VOTING MEMBERSHIP or Individual's Name if NON-VOTING)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Day Phone: _____ **Fax:** _____

ALT Phone: (optional): _____ **WEBSITE:** _____

Contact Name: _____ **Title:** _____

Member E-mail: _____ **Contact E-Mail** _____

Please Check Appropriate Membership Category:

_____ **Voting Membership (Organization)**\$50.00
Person designated to cast vote on behalf of your organization:

NAME: _____ **PH:** _____

EM: _____

_____ **Non-Voting Membership (Individual)**.....\$37.50
_____ **Non-Voting Membership (Vendor)**.....\$50.00
_____ **Non-Voting Membership (Non-Profit Organization)**\$50.00

> STATIONS: PLEASE UPDATE YOUR INFORMATION ON THE CTAM WEBSITE <

**Please Make Check Payable To: The Community Television Association of Maine
Print out this form, fill it out and mail with the check to:**

The Community Television Association of Maine
516 Congress Street
Portland, Maine 04101
EM: info@ctamaine.org

Questions? Call (207) 775-2900 x210 Thank you for your support!