



**CTAM Membership
Invoice
2018-2019**
(Expires June 30, 2019)

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: _____ **E-Mail:** _____

Cell/Alt Phone: _____ **Website:** _____

Contact Name: _____ **Title:** _____

Contact Phone _____ **Contact E-Mail** _____

Please Check Appropriate Membership Category:

_____ **Voting Membership (Town/Station)**.....\$50.00

Person designated to cast vote on behalf of your organization:

NAME: _____ **TITLE:** _____

EM: _____ **PH:** _____

_____ **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!