



The Wellesley Cable Access Corporation
37 Walnut Street, Suite 110
Wellesley, MA 02481
New Member Application Form

Type of Membership (Check One):

Individual ____ Organizational ____ Family ____ Non-Profit ____ Intern ____

Proof of local residency or employment required. Non-Profit memberships require proof of 501c3 Status.

Member Information: Check Here is under 18 years of age

Name: _____

Address: _____

Phone #: (____) _____

Email: _____

Name of Organization: _____

(Organizational or Non-Profit Membership Only)

Payment Information

Amount Paid \$ _____ Cash Check# _____

Date of Payment: ____ / ____ / ____

Membership to The Wellesley Channel must be renewed annually.

How Did You Hear About WCAC-TV?

What would you like to accomplish at WCAC-TV?

****Please sign and date on back of form**

