



ACCESS USER FORM

484 Broadway, Everett, MA 02149 Phone: 617-394-5044

Are you signing up as a: Individual Organization

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Mobile Number: _____

E-mail: _____

Organization/or Business Name: _____

As an Access User, I would like to:

Receive Video Production Training

Produce a Show for ECTV

Volunteer at ECTV

Volunteer on ECTV Programs

ECTV is open to all residents, organizational members, and employees of Everett businesses for non-commercial use of the access facilities. Users are expected to follow all of ECTV's policies and procedures, and are required to attend an informational orientation session. Your signature below attests that all information above is true, and that you understand all of ECTV's policies.

Signature: _____ Date: _____

STAFF ONLY:

Amount Received: \$ _____ Date Received: _____ Cash Check

Receipt #: _____

Revised: 01/2024