

Non-Profit Organization Authorization Form



DATE: _____

Name of Non-Profit
Organization/Institution/Agency: _____

Address: _____

User/Producer: _____

Address: _____

Phone #: _____

Please Check One Of The Following:

City-Resident

Non-Resident

The individual named above as User/Producer has been authorized to produce and/or request air time for any program related to the non-profit organization listed below.

Program Title: _____

Non-Profit Organization: _____

The above mentioned non-profit organization assumes full responsibility for the above mentioned individual acting as User/Producer throughout the entire enrollment period of:

_____ *through* _____
(Start Date) (Termination Date)

To revoke or terminate this authorization the non-profit authorized agent must submit a written request to the Executive Director of PCTV indicating that the User/Producer is no longer authorized to produce and/or request air time for any program related to the non-profit organization listed below.

Upon the enrollment period expiration (End Date) the User/Producer must re-submit a new form which reflects the renewed enrollment period and any changes within the non-profit organization.

AUTHORIZED AGENT OF INSTITUTION, ORGANIZATION OR AGENCY:

Name: _____ Title: _____

Phone Number(s): _____

Non-Profit Organization
Mailing/Billing Address: _____

Signature of Authorized Agent: _____

Signature of User/Producer: _____