



# Community Media of the Foothills

## Membership Form

### Membership Qualifications

Membership in Community Media of the Foothills (CMF) is open to any person who is a resident of the City of Monrovia or other city served by CMF, declares his/her intent to become a member and provides a valid residential address. Parental permission is required for youths 18 years of age or younger. Membership is available to all those eligible without discrimination, and shall continue so long as the member remains qualified.

*PLEASE PRINT CLEARLY*

Full Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I certify that I am eligible to be a member of Community Media of the Foothills.  
and so declare my wish to become a member.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parental Permission (for those under 18):

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Will you give your consent to Community Media of the Foothills to release your name,  
your address and the fact that you are a member of CMF to potential candidates for the  
Board of Directors of CMF?

(Check one)      YES \_\_\_\_\_      NO \_\_\_\_\_

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