



**TOWN
SQUARE
TELEVISION**

bringing together...people, programs, production

Membership Form

PLEASE COMPLETE THE INFORMATION REQUESTED BELOW AND SEND IT ALONG WITH A CHECK MADE PAYABLE TO TOWN SQUARE TELEVISION TO: 5845 BLAINE AVENUE, INVER GROVE HEIGHTS, MN 55076-1401.

Resident — lives, works or attends school in the seven city area of Inver Grove Heights, Lilydale, Mendota, Mendota Heights, South St. Paul, Sunfish Lake, or West St. Paul

Non-Resident — does not live, work or attend school in the seven cities of Inver Grove Heights, Lilydale, Mendota, Mendota Heights, South St. Paul, Sunfish Lake, or West St. Paul

Renewing Member

New Member

Name: _____

Address: _____

City, State, Zip: _____

Phone (Home): _____ (Other): _____

e-mail Address: _____

MEMBERSHIP CHOICES —	<i>Resident Rates</i> —	<i>Non-Resident Rates</i> —
	<input type="checkbox"/> \$25 — Basic, (<i>individual</i>)	<input type="checkbox"/> \$50 — Basic, (<i>individual</i>)
	<input type="checkbox"/> \$50 — Family	<input type="checkbox"/> \$100 — Family
	<input type="checkbox"/> \$50 — Supporting	<input type="checkbox"/> \$75 — Supporting
	<input type="checkbox"/> \$100 — Patron	<input type="checkbox"/> \$200 — Patron
	<input type="checkbox"/> \$75 — Organization Non-Profit	<input type="checkbox"/> \$75 — Organization Non-Profit
	<input type="checkbox"/> \$125 — Organization For-Profit	<input type="checkbox"/> \$125 — Organization For-Profit

Family Membership:

List up to four members residing at the same address.

List Family or Organization Members Here:

Organizational Membership:

List up to five individuals who may use membership benefits (*please indicate which person should receive informational mailings*).

Thank you for your membership support!

for office use only...

Date Received by Town Square Television: _____

Member ID: _____

Recorded: DB _____

Facil _____