



BERWICK COMMUNITY TV

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ACCESS REGISTRATION FORM

PRODUCER'S NAME _____ TODAY'S DATE _____

ME DRIVER'S LICENSE _____ EXPIRATION DATE _____

NON-PROFIT ORGANIZATION'S NAME (if any) _____

EMAIL ADDRESS _____

ADDRESS _____

STREET

CITY

STATE

ZIP

TELEPHONE NUMBER DAY _____ EVE _____

BCTV PRODUCTION COURSES THAT HAVE BEEN COMPLETED

SIGNATURE