



Organizational Membership Application

<hr/>	
Name of Applicant	Organization/Department
Type of Organization (please check one)	
<input type="checkbox"/> Educational Institution <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Government Department	
Phone () _____ - _____	Email _____
<hr/>	
Street Address	
<hr/>	
City, State, Zip	

Organizational Members must be an educational institution, funding jurisdiction, or government agency with offices located in a PSA member city; or a non-profit organization duly recognized chapter, branch or other division of a larger state, national or international organization.

Please attach the following:

- Proof of organizational status (for non-profit - 501(C) 3 status exemption letter AND proof of registration with the State of Washington – **no other documentation will be accepted**)
- Proof of current accurate primary location and mailing address (Utility bill with organization name and address)
- List of organizational member representatives including primary contact on organizational letterhead
- Organization Project Proposal – Please include a brief description of your project, how many people will be involved in the production component, and what facilities, equipment and staff involvement you anticipate you will need for your project (feel free to use the PSA Project Proposal Form or schedule a production meeting with PSA staff if you would like assistance in defining the project)

By signing this document I verify that all the above information is correct and I have attached the necessary documents to apply for organizational membership to Puget Sound Access.

Signature Organizational Representative

Date ___ / ___ / ___

PSA Staff Initial _____

- Accepted ___ / ___ / ___
- Denied ___ / ___ / ___



Organizational Membership Project Proposal

Project Name and Description (Please explain how you would like to utilize PSA, be as concise as you can about what equipment and facilities you would like to use and the type of project):

Producers (Please provide number and names of the people from your organization you would like to have involved in your project – these people will be listed on your membership roster):

Time Commitments (Please provide level of time commitment you can put towards project including timeline of project completion):

Objective (Please provide the goals you would like to accomplish, fully training your organizational members on equipment, informing community members of a specific topic or promoting your organization are some potential objectives):

PSA Staff Initial _____
 Accepted ___ / ___ / ___
 Denied ___ / ___ / ___