

## RePAC Membership Form for Public Access Channel

Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Time \_\_\_\_\_

This information serves as a means of contacting you once the Public Access Channel is activated and operational.