

ACCESS USER INFORMATION

Name: _____

Mailing Address: _____

City: _____ State ____ Zip _____

Home Phone: _____ Work Phone: _____

Email: _____

How did you hear about ORCA Media? _____

If the address above is not in the ORCA Media Service Area (Montpelier, Waterbury, Duxbury, Moretown, Berlin, Middlesex, Worcester, Calais, East Montpelier, Randolph, Braintree, Rochester or Bethel) you must provide ORCA Media with a validating address. This address must be a physical business or residence in the Service Area that you can receive mail at.

Validating Address: _____

City: _____ State ____ Zip _____

Organization Associated With: _____

Access Show Associated With: _____

If you are a minor, you must have your parent/guardian sign the Statement of Compliance form.

Are You a Minor? _____ If so, when is your birthday? _____

**I understand that I am not to represent myself as an employee or representative of
Onion River Community Access Media (ORCA Media) or Channel 15.**

Signature: _____ Date: _____

Authorized ORCA Media Staff: _____ Date: _____