1. Name ____________________________
   (First Name) (Last Name) (Middle Initial)

2. Email ____________________________

3. Telephone (Area Code/Number) ____________________________
   (Daytime) (Evening) (Cell / Other)

4. Not-for-profit or Church that you represent ____________________________

5. Do you have any previous public access television experience? □ YES □ NO
   Describe experience ____________________________

   Do you own or have access to any type of television equipment? □ YES □ NO
   List equipment: ____________________________

6. Have you ever produced for a cable access organization: □ YES □ NO

7. Do you have any prior certifications from Raleigh Television Network (RTN)?
   If yes, list below. □ YES □ NO

If you do not have any television production experience, have never participated in a public access program and anticipate producing a program using the media production services provided at Raleigh Television Network, you must attend the Public Access Introduction Workshop at Raleigh Television Network.

We appreciate your interest and look forward to your participation.

Thank you.