FRIEND OF THE WAVE

bringing together...people, programs, production

GPAT WAVE CHANNEL 5

Membership Form

PLEASE COMPLETE THE INFORMATION REQUESTED BELOW AND SEND IT ALONG WITH A CHECK MADE PAYABLE TO:
GPAT Wave Channel 5, ATTN: GCS Treasurer,
St. Clair Memorial Hall, 215 W. Fourth Street, Greenville, OH 45331.

□ **Resident-- lives, works or attends school in the City of Greenville and/or Darke County.**

□ **Non-Resident--does not live, work or attend school in the City of Greenville and/or Darke County.**

☐ **Renewing Member** ☐ **New Member**

Name: _____

Address: _____

City, State, Zip: _____

Phone (Home): _____ **(Other):** _____

E-mail Address: _____

MEMBERSHIP CHOICES	*Resident Rates (Annually):*	*Non-Resident Rates (Annually):*
	Basic, (*individual*), $25 **Family, $40** **Senior (65+), $10** **Student (Under 18), $10** **Organization Non-Profit, $75** **Organization For-Profit, $125**	**Basic, (*individual*), $45** **Family, $60** **Senior (65+), $10** **Student (Under 18), $10** **Organization Non-Profit, $95** **Organization For-Profit, $145**

Family Membership:

List up to four members residing at the same address.

Organizational Membership:

List up to three members who may use Membership benefits (please indicate which person should receive informational mailings).

List Family or Organization Members Here:

Thank you for your membership support!

For Office Use Only: Date Received By:_____Member ID:_____
Sponsorship ID:_____