



DIRECTOR'S CLUB APPLICATION

Please **Print or type** all applicable information and return to: Falls Cable Access Corporation, PO Box 342, Menomonee Falls, WI 53052.

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Business) _____

E-mail Address: _____ Fax: _____

**Description of
experience in video
production or Live
TV**

**Current and/or past involvement with the Falls Cable Access and
Channel 14:**

Current and/or past activities and involvement with Village of Menomonee Falls:

Falls Cable Access requests this information for the purpose of forming a community service club interested in TV production. No persons outside the corporation are routinely provided this information.

BdApp 08/06/07