

## **ACCESS USER INFORMATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about VCAM? \_\_\_\_\_

*If the address above is not in the VCAM Service Area (Burlington, So Burlington, Winooski, Essex Jct, Williston, St George, Hinesburg, Shelburne, Charlotte, Ferrisburgh, Vergennes), or a PO Box you must provide VCAM 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 Vermont Community Access Media or Channel 15.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized VCAM Staff: \_\_\_\_\_ Date: \_\_\_\_\_

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