

APPLICATION FOR OPERATOR MEMBERSHIP

SYSTEM NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____ FAX _____

SYSTEM MANAGER _____

E-MAIL ADDRESS _____

BASIC INFORMATION:

HOMES IN FRANCHISED AREA _____ HOMES PASSED BY
CABLE _____

MILES OF CABLE PLANT _____ SUBSCRIBERS PER MILE _____

PENETRATION _____ YEAR SERVICE BEGAN _____

NUMBER OF SUBSCRIBERS _____

FRANCHISE AREA:

CITY _____

COUNTY _____

LOCAL ORIGINATION: YES _____ NO _____ INSERTIONS ACCEPTED: YES _____ NO _____

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