



KIDS CLUB MEMBERSHIP APPLICATION

(Please print)

Name: _____

Birthday: _____

Parents/Guardians: _____

Mailing Address: _____

E-mail Address: _____

PBS GUAM KGTF Channel 12 may send you information on upcoming events and newsletters as well as send special events or opportunities from our corporate members/affiliates through mail or email. Would you like to receive these from us:

- Yes, you may send me information (mail or email) on PBS GUAM activities and events only.
- Yes, you may email me information (mail or email) on PBS GUAM activities and events and other promotional information from PBS GUAM corporate members/affiliates.
- No, I do not wish to receive information (mail or email) from PBS GUAM or any of its affiliates.

Home telephone #: (671) _____

Other/Parents Cellular #: _____

Favorite PBS Kids Show(s): _____

**Please return to PBS GUAM Office with your payment of \$10/year:
P.O. Box 21449 GMF, Guam 96921
Tel: 734-5483 * email: membership@pbsguam.org**

Privacy Policy: PBS Guam uses the information you provide to keep you informed of station events and programs. Our staff uses your credit card information to process your pledge/membership and uses your address information to mail you your gift. PBS Guam will never sell, rent, lease, lend, trade, give, donate, transfer, or otherwise exchange, the station's membership lists with any person or organization without prior written permission or consent from you. (Please ensure that above section is completed). Si Yu'os Ma'ase.

For office use:

Date received:

Welcome packet sent:

Receipt:

Staff Initials:

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