



Official Use Only

Producer's Last Name: \_\_\_\_\_

Date Applied: \_\_\_\_\_

Paid Fee \_\_\_\_\_ Signed Pledge \_\_\_\_\_

Training Completed: ( BC , AC , BE , AE )

## Producer Application

Name: \_\_\_\_\_  
(First) (Last)

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Are you representing a group or organization? Yes ( ) No ( )

If so, please list a name and contact information for the group or organization:

\_\_\_\_\_

\_\_\_\_\_

Have you had previous television production experience? (check all that apply):

<input type="checkbox"/>	Producing	<input type="checkbox"/>	Studio Camera	<input type="checkbox"/>	Editing
<input type="checkbox"/>	Directing	<input type="checkbox"/>	Field Production	<input type="checkbox"/>	Still Photography
<input type="checkbox"/>	Technical Directing	<input type="checkbox"/>	Set Design	<input type="checkbox"/>	On-Air Talent
<input type="checkbox"/>	Audio Board	<input type="checkbox"/>	Lighting	<input type="checkbox"/>	Other:

Where did this experience take place? (check all that apply):

<input type="checkbox"/>	Home Equipment	<input type="checkbox"/>	Video Production Company
<input type="checkbox"/>	Other Access Facilities	<input type="checkbox"/>	School or College
<input type="checkbox"/>	Corporate Communications Company	<input type="checkbox"/>	Other:

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

(\_\_\_\_) I agree to pay the \$30 FCPAN Producer Training/Equipment Usage Fee.

(\_\_\_\_) I agree to sign a 20-hour FCPAN Volunteer Pledge in-lieu of the \$30 Training/Equipment Usage Fee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)