



Student Television Network

STN AFFILIATE REGISTRATION FORM

Thank you for inquiring about Student Television Network and expressing a desire to become a member.

Your membership allows access to all of STN's events throughout the year, including contests, information sharing, access to partner programs and the exclusive affiliate convention.

STN affiliates receive unlimited access to a private electronic mailing list, allowing them to post questions and receive feedback, in real-time, from their peers.

You can become part of the most dynamic organization in scholastic broadcasting right now. Using the guidelines below, the cost for joining the Student Television Network is as follows:

- **\$40.00 Individual Affiliate Schools:**

Individual schools may have as many students and teachers as possible, per school building. However, school districts must allow individual scholastic broadcast programs to join as separate affiliates, as there is no "district rate" for joining the Student Television Network.

- **\$50.00 for STN Associates:**

STN Associates are those persons interested in assisting STN affiliates, but who are no longer teaching in an affiliate school.

Colleges and Businesses can join by contacting the Program Director at 877-786-2211.

Affiliates receive the following for joining STN:

- Access to exclusive STN contests, summer camps, and the annual Affiliate Convention.
- A "best practices" DVD, containing STN's award-winning clips to be used as a teaching platform at the local affiliate school
- Access to the affiliates-only e-mail discussion group to share and discuss with affiliate peers
- Regular updates on affiliate activities in each region, as well as e-mail reminders for exclusive affiliate camps and contests
- Students at affiliate schools are eligible for the "Broadcast Student of the Year" award

Please fill out the form on the next page and send or FAX it with your payment.

Please fill out the form below to join
Student Television Network
FAX to: 760-692-0550
Or mail to the address below

Your Name:	
Street Address:	
City:	
State:	
Zip Code:	
Home Phone:	
Cell Phone:	
E-Mail Address:	
School Name:	
Street Address:	
City:	
State:	
Zip Code:	
Name of Program:	
Program Website:	
Membership Level:	
Method of Payment:	
Credit Card/Check Number:	
Credit Card Number:	
Expiration Date & 3-Digit Number:	
Purchase Order:	
Name of Program:	
No. of Students in Program:	
No. of Years Program Taught:	
No. of Broadcasts per Year:	
Primary Editing Program Used:	

If you have any questions, please call
877-786-1001