

Please follow instructions completely or your membership application may not be able to be processed in a timely manner.

#### **PURPOSES OF THIS FORM**

This form will be used by Oak City Media in its conduct of background investigations of potential members, and ongoing evaluations of members when considered for positions that involve access to certain facilities and/or sensitive information.

Providing the information requested in this application is strictly voluntary. However, if you do not provide each item requested, any investigation we may conduct may be delayed, and it may adversely affect a decision to admit you as a member or place in you in a position involving access to certain facilities and/or sensitive information.

All questions on this form must be answered **completely** and **truthfully** in order that we may make a determination about your application based on complete information. It is imperative that all information provided be true and accurate to the best of your knowledge.

All questions on this form must be answered completely and truthfully in order that Oak City Media may make a determination about your application based on complete information. Failure to disclose any such information could result in rejection of this application, inability to access certain facilities and/or information, or even suspension or termination of membership following admission. All information you provide is evaluated on the basis of its currency, relevance, seriousness and consistency with other information about you.

Please note that while this form collects certain information, Oak City Media does not discriminate on the basis of race, creed, color, sex, national origin, religious belief, physical disability, sexual orientation, or any lawfully protected characteristic. Further, it is the avowed policy of Oak City Media not to divulge the private information of its members to any third parties (including other members) except with your express consent.

#### **THE INVESTIGATIVE PROCESS**

Background investigations for membership in Oak City Media are conducted to gather information to determine whether you are reliable, trustworthy, of good conduct and character. The information you provide on this form may be confirmed during the investigation, and may extend beyond the time covered by this form when necessary to resolve issues. Employers, past and present, may be contacted as part of the investigation.

In addition to the questions on this form, inquiries may also be made about your adherence to security requirements and protocols, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities or associations that tend to demonstrate a person is not reliable, trustworthy or loyal. After an eligibility determination has been completed, you may be subject to further, continuous evaluation, which may include periodic reinvestigations to determine whether your membership, or your service in a position of trust and honor within Oak City Media, is clearly consistent with our mission, objectives, and corporate interests.

#### **YOUR PERSONAL INTERVIEW**

Some investigations will include an interview with you as a routine part of the investigative process. The investigator may ask you to explain your answers to any question on this form. This provide you with an opportunity to update, clarify, and explain information on your form more completely, which often assists in completing your investigation. It is imperative that such interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation and of this application, and declining to be interviewed if asked may result in your investigation being delayed or cancelled, and your application may be rejected.

For this interview, you will be required to provide valid photo identification such as a valid state driver's license. You may be required to provide other documents to

verify your identity, as requested by your investigator. These documents may include certification of any legal name change, Social Security card, passport and/or your birth certificate. You may also be asked to provide documents regarding information that you provide on this form, or about other matters requiring specific attention.

#### **INSTRUCTIONS FOR COMPLETING THIS FORM**

1. Follow these instructions, along with any clarifying instructions provided to assist you in completing this form. You must sign and date it, in ink. We recommend you retain a copy of the completed form for your records.
2. Type or legibly print your answers. If the form is not legible, it will not be accepted. You may also be asked to submit your form using an approved electronic format.
3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form with "N/A" unless otherwise noted.
4. Any changes that you make to this form, after you sign it, must be initialed and dated by you. Under certain circumstances, others may modify your response(s) with your consent.
5. You must use the location codes (abbreviations) when you fill out this form. Do not abbreviate the names of cities or countries. Place of birth requires country entry, even if in the United States.
6. Use of ZIP Codes are required to process your investigation more rapidly. Refer to an automated system approved by the United States Postal Service to assist you with ZIP Codes.
7. For telephone numbers in the United States, ensure that the area code is included.
8. All dates provided in this form must be in "Date Month Year" format, with Arabic numerals (0-31) used to indicate the date, the appropriate month abbreviation (JAN, FEB, MAR, APR, MAY, JUN, JUL, AUG, SEP, OCT, NOV, DEC) for the month, and the year (1976). For example, July 20, 1969 should be written as 20 JUL 1969. If you are unable to report an exact date, approximate or estimate the date to the best of your ability and indicate "APPROX" in the field.
9. If additional space is required for an explanation or to list residences, places of employment or education, you should use one or more continuation sheets.

#### **FINAL DETERMINATION ON YOUR ELIGIBILITY**

Final determination on your application for membership, or on your eligibility for a position which involves access to certain facilities and/or information, will be protected from unauthorized disclosure, both within Oak City Media and without in accordance with our Document Classification Protocol and our Document Retention Protocol, respectively.

#### **DELIVERING YOUR COMPLETED APPLICATION**

You may deliver your completed Membership Application, together with your signed Membership Agreement (in anticipation of your application being accepted) and related documentation, to us either by mail or electronic means via the following addresses:

**By Mail:**  
Oak City Media, Inc.  
4829 Alenja Lane  
Raleigh, NC 27616-5029

**By Electronic Mail:**  
generalsecretary@oakcitymedia.com

PERSONS COMPLETING THIS FORM SHOULD BEGIN WITH THE QUESTIONS BELOW AFTER CAREFULLY READING THE PRECEDING INSTRUCTIONS.

I have read the instructions on the preceding page, and I understand that if I withhold, misrepresent, or falsify information on this form, I shall be subject to penalties for inaccurate or false statement, denial or revocation of membership in Oak City Media, Inc., and/or removal from a position of trust or honor within it.  YES  NO

**SECTION 1 – FULL NAME**

Provide your full name. If you have only initials in your name, provide them and indicate "Initial only." If you do not have a middle name, indicate "No Middle Name." If you are a "Jr.," "Sr.," etc., enter this under Suffix.

Last Name	First Name	Middle Name	Suffix
-----------	------------	-------------	--------

**SECTION 1A – OTHER NAMES USED**

Have you ever used any name other than that indicated above? (If NO, proceed to Section 2)  YES  NO

**Complete the following if you have responded "Yes" to Section 1A.**

Provide your other name(s) used and the period of time you used it/them (for example, maiden name(s), name(s) by a former marriage, alias(es) or nickname(es). If you have only initials in your name(s), provide them and indicate "Initial only." If you do not have a middle name(s), indicate "No Middle Name." If you are a "Jr.," "Sr.," etc., enter this under Suffix.

#1	Last Name	First Name	Middle Name	Suffix
	From (Month/Year)	To (Month/Year)	Reason for Change	Maiden Name? <input type="checkbox"/> YES <input type="checkbox"/> NO
#2	Last Name	First Name	Middle Name	Suffix
	From (Month/Year)	To (Month/Year)	Reason for Change	Maiden Name? <input type="checkbox"/> YES <input type="checkbox"/> NO
#3	Last Name	First Name	Middle Name	Suffix
	From (Month/Year)	To (Month/Year)	Reason for Change	Maiden Name? <input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION 2 – DATE OF BIRTH**

Provide your date of birth.  
(XX Mon XXXX)

**SECTION 3 – PLACE OF BIRTH**

Provide your place of birth.  
City County/Parish State Country (Required)

**SECTION 4 – BASIC IDENTIFYING INFORMATION**

Height Feet Inches	Approximate Weight Pounds	Hair Color	Eye Color	Identifying Marks (Visible scars, tattoos)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
-----------------------	------------------------------	------------	-----------	--	--

**SECTION 5 – BASIC CONTACT INFORMATION**

Provide your contact information.

Primary E-Mail Address		Secondary E-Mail Address	
Home Telephone	Extension	Work Telephone	Extension
		Cell/Mobile Telephone	Extension

**SECTION 6 – CITIZENSHIP STATUS**

Select the box that reflects your current United States citizenship status.

- I am a United States citizen by virtue of birth in the United States, or within a United States territory or commonwealth.
  I am a United States citizen by virtue of birth to one or more parents who are United States citizens in a foreign country.
  I am a United States citizen by virtue of naturalization.
  I am not a United States citizen.

**SECTION 7 – RESIDENTIAL INFORMATION**

List those places where you have lived beginning with your current residence, working back 10 years. Residences for the entire period must be accounted for without breaks. Indicate the actual, physical location of each residence, not a Post Office box or a permanent residence when you were not physically located there. If you divide your time between multiple residences during a time period, please list all residences. Do not list residences before your 18th birthday unless to provide a minimum of two (2) years of residence history.

**ENTRY #1**

Provide dates of residence. From Date (Month/Year)	To Date (Month/Year)	Is/was this residence: <input type="checkbox"/> Owned by You <input type="checkbox"/> Rented/Leased by You	<input type="checkbox"/> Military Housing <input type="checkbox"/> Living with Parents	<input type="checkbox"/> Other (specify) <input type="checkbox"/>
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.			

Provide the street address. Street	City	State	ZIP Code	Country
---------------------------------------	------	-------	----------	---------

**ENTRY #2**

Provide dates of residence. From Date (Month/Year)	To Date (Month/Year)	Is/was this residence: <input type="checkbox"/> Owned by You <input type="checkbox"/> Rented/Leased by You	<input type="checkbox"/> Military Housing <input type="checkbox"/> Living with Parents	<input type="checkbox"/> Other (specify) <input type="checkbox"/>
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.			

Provide the street address. Street	City	State	ZIP Code	Country
---------------------------------------	------	-------	----------	---------

**ENTRY #3**

Provide dates of residence. From Date (Month/Year)	To Date (Month/Year)	Is/was this residence: <input type="checkbox"/> Owned by You <input type="checkbox"/> Rented/Leased by You	<input type="checkbox"/> Military Housing <input type="checkbox"/> Living with Parents	<input type="checkbox"/> Other (specify) <input type="checkbox"/>
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.			

Provide the street address. Street	City	State	ZIP Code	Country
---------------------------------------	------	-------	----------	---------

**SECTION 7 – RESIDENTIAL INFORMATION (continued)**

**ENTRY #4**

Provide dates of residence.  
From Date (Month/Year)  Est. To Date (Month/Year)  Est.

Is/was this residence:  
 Owned by You       Military Housing       Other (specify)   
 Rented/Leased by You       Living with Parents

Provide the street address.  
Street City State ZIP Code Country

**SECTION 8 – EDUCATIONAL BACKGROUND INFORMATION**

Do not list education below high school level.

**ENTRY #1**

Provide dates of attendance.  
From Date (Month/Year)  Est. To Date (Month/Year)  Est.

Select the box which best describes the school:  
 College/University       Military Academy       Continuing Education       Other (specify)   
 High School       Vocational/Technical       Correspondence/Online

Provide the street address of the school. For correspondence, continuing education or online schools, provide the address where their records are maintained.  
Street City State ZIP Code Country

Did you receive a degree or diploma from this institution?  YES  NO

Degree or Diploma designation (e.g., Doctorate, Master's, Bachelor's, Associate's, High School Diploma) Other degrees/diplomas/accreditations Award Date (Month/Year) Est.

**ENTRY #2**

Provide dates of attendance.  
From Date (Month/Year)  Est. To Date (Month/Year)  Est.

Select the box which best describes the school:  
 College/University       Military Academy       Continuing Education       Other (specify)   
 High School       Vocational/Technical       Correspondence/Online

Provide the street address of the school. For correspondence, continuing education or online schools, provide the address where their records are maintained.  
Street City State ZIP Code Country

Did you receive a degree or diploma from this institution?  YES  NO

Degree or Diploma designation (e.g., Doctorate, Master's, Bachelor's, Associate's, High School Diploma) Other degrees/diplomas/accreditations Award Date (Month/Year) Est.

**ENTRY #3**

Provide dates of attendance.  
From Date (Month/Year)  Est. To Date (Month/Year)  Est.

Select the box which best describes the school:  
 College/University       Military Academy       Continuing Education       Other (specify)   
 High School       Vocational/Technical       Correspondence/Online

Provide the street address of the school. For correspondence, continuing education or online schools, provide the address where their records are maintained.  
Street City State ZIP Code Country

Did you receive a degree or diploma from this institution?  YES  NO

Degree or Diploma designation (e.g., Doctorate, Master's, Bachelor's, Associate's, High School Diploma) Other degrees/diplomas/accreditations Award Date (Month/Year) Est.

**SECTION 9 – HISTORICAL EMPLOYMENT INFORMATION**

Please list all of your employment activities, including periods of self-employment or unemployment, beginning with the present and dating back **10 years**. For periods of self-employment or unemployment, refer to Sections 9A and 9B, respectively. The entire period is to be accounted for, without breaks. Do not list employment before your 18th birthday unless it is to provide a minimum of two (2) years of employment history.

**ENTRY #1**

Provide dates of employment.  
From Date (Month/Year) To Date (Month/Year)

Select the employment status that best describes this position:  
 Present       Full-Time Employee       Contract Employee   
 Est.       Part-Time Employee       Other (specify) ▶

Name of Employer Street Address City State ZIP Code Country

List various positions/titles in which you have been (or were) engaged with this employer, beginning with the most recent and dating back.

Position Title	From Date (Month/Year)	To Date (Month/Year)	Name of Direct Superior
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Position Represented Promotion
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Position Represented Promotion
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Position Represented Promotion
	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Position Represented Promotion

Are you still with this employer?  YES  NO      If "No," was your separation from them voluntary?  YES  NO

If your separation from this employer was not voluntary, was it for cause?  YES  NO

If your separation was for cause, describe the stated cause: \_\_\_\_\_

**SECTION 9 – HISTORICAL EMPLOYMENT INFORMATION (continued)**

**ENTRY #2**

Provide dates of employment.

From Date (Month/Year) To Date (Month/Year)

Present  
 Est.

Select the employment status that best describes this position:

Full-Time Employee  Contract Employee  
 Part-Time Employee  Other (specify) ▶

Name of Employer	Street Address	City	State	ZIP Code	Country
------------------	----------------	------	-------	----------	---------

List various positions/titles in which you have been (or were) engaged with this employer, beginning with the most recent and dating back.

Position Title	From Date (Month/Year)	To Date (Month/Year)	Name of Direct Superior	
		<input type="checkbox"/> Est.		<input type="checkbox"/> Position Represented Promotion
		<input type="checkbox"/> Est.		<input type="checkbox"/> Position Represented Promotion
		<input type="checkbox"/> Est.		<input type="checkbox"/> Position Represented Promotion
		<input type="checkbox"/> Est.		<input type="checkbox"/> Position Represented Promotion
		<input type="checkbox"/> Est.		<input type="checkbox"/> Position Represented Promotion

Are you still with this employer?  YES  NO

If "No," was your separation from them voluntary?  YES  NO

If your separation from this employer was not voluntary, was it for cause?

YES  NO

If your separation was for cause, describe the stated cause:

**ENTRY #3**

Provide dates of employment.

From Date (Month/Year) To Date (Month/Year)

Present  
 Est.

Select the employment status that best describes this position:

Full-Time Employee  Contract Employee  
 Part-Time Employee  Other (specify) ▶

Name of Employer	Street Address	City	State	ZIP Code	Country
------------------	----------------	------	-------	----------	---------

List various positions/titles in which you have been (or were) engaged with this employer, beginning with the most recent and dating back.

Position Title	From Date (Month/Year)	To Date (Month/Year)	Name of Direct Superior	
		<input type="checkbox"/> Est.		<input type="checkbox"/> Position Represented Promotion
		<input type="checkbox"/> Est.		<input type="checkbox"/> Position Represented Promotion
		<input type="checkbox"/> Est.		<input type="checkbox"/> Position Represented Promotion
		<input type="checkbox"/> Est.		<input type="checkbox"/> Position Represented Promotion
		<input type="checkbox"/> Est.		<input type="checkbox"/> Position Represented Promotion

Are you still with this employer?  YES  NO

If "No," was your separation from them voluntary?  YES  NO

If your separation from this employer was not voluntary, was it for cause?

YES  NO

If your separation was for cause, describe the stated cause:

**ENTRY #4**

Provide dates of employment.

From Date (Month/Year) To Date (Month/Year)

Present  
 Est.

Select the employment status that best describes this position:

Full-Time Employee  Contract Employee  
 Part-Time Employee  Other (specify) ▶

Name of Employer	Street Address	City	State	ZIP Code	Country
------------------	----------------	------	-------	----------	---------

List various positions/titles in which you have been (or were) engaged with this employer, beginning with the most recent and dating back.

Position Title	From Date (Month/Year)	To Date (Month/Year)	Name of Direct Superior	
		<input type="checkbox"/> Est.		<input type="checkbox"/> Position Represented Promotion
		<input type="checkbox"/> Est.		<input type="checkbox"/> Position Represented Promotion
		<input type="checkbox"/> Est.		<input type="checkbox"/> Position Represented Promotion
		<input type="checkbox"/> Est.		<input type="checkbox"/> Position Represented Promotion
		<input type="checkbox"/> Est.		<input type="checkbox"/> Position Represented Promotion

Are you still with this employer?  YES  NO

If "No," was your separation from them voluntary?  YES  NO

If your separation from this employer was not voluntary, was it for cause?

YES  NO

If your separation was for cause, describe the stated cause:

**SECTION 9A – PERIODS OF SELF-EMPLOYMENT**

Please list periods of self-employment during the past 10 years.

From Date (Month/Year)	To Date (Month/Year)	How would you describe your activities/work during this period?
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	

How is/was your self-employment structured?  Corporation  LLC  Partnership  Proprietorship

From Date (Month/Year)	To Date (Month/Year)	How would you describe your activities/work during this period?
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	

How is/was your self-employment structured?  Corporation  LLC  Partnership  Proprietorship

From Date (Month/Year)	To Date (Month/Year)	How would you describe your activities/work during this period?
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	

How is/was your self-employment structured?  Corporation  LLC  Partnership  Proprietorship

**SECTION 9B – PERIODS OF UNEMPLOYMENT**

Please list periods of unemployment during the past 10 years.

<b>From Date</b> (Month/Year) <input type="checkbox"/> Est.	<b>To Date</b> (Month/Year) <input type="checkbox"/> Est.	How would you describe your activities during this period?
--	--	--

<b>From Date</b> (Month/Year) <input type="checkbox"/> Est.	<b>To Date</b> (Month/Year) <input type="checkbox"/> Est.	How would you describe your activities during this period?
--	--	--

<b>From Date</b> (Month/Year) <input type="checkbox"/> Est.	<b>To Date</b> (Month/Year) <input type="checkbox"/> Est.	How would you describe your activities during this period?
--	--	--

**SECTION 9C – MILITARY SERVICE INFORMATION**

Have you ever served in the United States Armed Forces?  YES  NO If "Yes," in which branch?  Army  Navy  Air Force  Marine Corps  Coast Guard  
 Army National Guard  Air Force National Guard

<b>From Date</b> (Month/Year) <input type="checkbox"/> Est.	<b>To Date</b> (Month/Year) <input type="checkbox"/> Est.	<b>Status</b> <input type="checkbox"/> Active Duty <input type="checkbox"/> Active Reserve <input type="checkbox"/> Inactive Reserve	<b>Rank</b> <input type="checkbox"/> Officer <input type="checkbox"/> Enlisted <input type="checkbox"/> Pay Grade (specify) ▶
--	--	---	--

If discharged, what type of discharge did you receive?  Honorable  General  Under Other than Honorable Conditions  Bad Conduct  Other (specify) ▶

Were you, at any time during your period of service in the United States Armed Forces, subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ)? (If "No," proceed to Section 10)  YES  NO

**SECTION 10 – PSYCHOLOGICAL AND EMOTIONAL HEALTH**

Please be advised that mental health issues are not considered reasons to reject a membership application, or to determine suitability to obtain or retain access to Oak City Media facilities or sensitive information. But as a federally regulated organization whose members are expected to regularly interact with the public, prudence demands that we collect this information.

Have you ever consulted with a health care professional regarding an emotional or mental health condition, or were you hospitalized for such a condition? Please respond to this question with the following additional instruction: Victims of criminal assault or attack who have consulted with the health care professional regarding an emotional or mental health condition during this period strictly in relation to the assault or attack are instructed to answer "No."  YES  NO

Have you ever been hospitalized due to an emotional or mental health condition?  YES  NO

Has a court or administrative agency ever declared you mentally incompetent?  YES  NO

Provide the name of the agency/organization/facility where counseling or treatment was provided.

<b>Name of Facility</b>	<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>	<b>Country</b>
-------------------------	-----------------------	-------------	--------------	-----------------	----------------

Was your admission to this facility voluntary?  YES  NO Have you been admitted on multiple occasions?  YES  NO

**SECTION 11 – POLICE RECORD**

In this section, report information regardless of whether the record in your case has been sealed, expunged, dismissed, or otherwise stricken from the court record. Please note that as a matter of Oak City Media policy, a criminal conviction is not an automatically disqualifying factor with respect to membership admission.

In the past seven (7) years, have you been issued a summons, citation, or ticket to appear in a criminal proceeding against you? (Do not check "Yes" if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)  YES  NO

In the past seven (7) years, have you been arrested by any police officer, sheriff, marshal, or any other type of law enforcement official?  YES  NO

In the past seven (7) years, have you been charged, convicted, or sentenced of a crime in any court of law? (Include all qualifying charges convictions or sentences in any federal, state, local, military, or foreign court, even if previously listed elsewhere on this form)  YES  NO

In the past seven (7) years, have you been, or are you currently, on probation or parole?  YES  NO

Are you currently on trial, or awaiting trial, on criminal charges?  YES  NO

If the answer to all of the above five (5) questions is "No," proceed to Section 12.

**ENTRY #1**

Provide the date of the offense. (Month/Year) <input type="checkbox"/> Est.	Provide a description of the specific nature of the offense.
--	--

Did this offense involve:  Alcohol?  Domestic violence?  Firearms or Explosives?  Illegal Narcotics?  Morals Charges?

Provide the location where the offense occurred. <b>City</b>	<b>County</b>	<b>State</b>	<b>ZIP Code</b>	<b>Country</b>
---	---------------	--------------	-----------------	----------------

Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal, or any other type of law enforcement official?  YES  NO

If "Yes," provide the name of the law enforcement agency that arrested/cited/summoned you.

Provide the location of the law enforcement agency. <b>City</b>	<b>County</b>	<b>State</b>	<b>ZIP Code</b>	<b>Country</b>
--	---------------	--------------	-----------------	----------------

As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?

<input type="checkbox"/> YES ▶ Provide the name of the court and proceed below ▶	_____
<input type="checkbox"/> NO ▶ Provide explanation ▶	_____

Provide the location of the court. <b>City</b>	<b>County</b>	<b>State</b>	<b>ZIP Code</b>	<b>Country</b>
---	---------------	--------------	-----------------	----------------

Provide all the charges brought against you in association with this offense, and the outcome of each charged offense (such as convicted, acquitted, charge dropped, "nolle pros," etc.) If you were convicted or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense.

Charge	Outcome	Date (Month/Year)
<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	_____	<input type="checkbox"/> Est.
<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	_____	<input type="checkbox"/> Est.
<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	_____	<input type="checkbox"/> Est.
<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	_____	<input type="checkbox"/> Est.
<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	_____	<input type="checkbox"/> Est.

Were you sentenced as a result of this offense?  YES  NO

**SECTION 11 – POLICE RECORD (continued)**

If you responded "Yes" above, provide a description of the sentence.

Were you sentenced to a term of imprisonment?  YES ▶ What was the duration of the sentence? \_\_\_\_\_  
 What was the period of your incarceration? (Month/Year to Month/Year) \_\_\_\_\_  
 NO ▶ What alternate sentence was passed? \_\_\_\_\_

Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?  YES  NO

**ENTRY #2**  
 Provide the date of the offense. (Month/Year) \_\_\_\_\_ Provide a description of the specific nature of the offense. \_\_\_\_\_  
 Est.

Did this offense involve:  Alcohol?  Domestic violence?  Firearms or Explosives?  Illegal Narcotics?  Morals Charges?

Provide the location where the offense occurred.  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal, or any other type of law enforcement official?  YES  NO  
 If "Yes," provide the name of the law enforcement agency that arrested/cited/summoned you. \_\_\_\_\_

Provide the location of the law enforcement agency.  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?  
 YES ▶ Provide the name of the court and proceed below ▶ \_\_\_\_\_  
 NO ▶ Provide explanation ▶ \_\_\_\_\_

Provide the location of the court.  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

Provide all the charges brought against you in association with this offense, and the outcome of each charged offense (such as convicted, acquitted, charge dropped, "nolle pros," etc.) If you were convicted or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense.

Charge	Outcome	Date (Month/Year)
<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor _____	_____	<input type="checkbox"/> Est. _____
<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor _____	_____	<input type="checkbox"/> Est. _____
<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor _____	_____	<input type="checkbox"/> Est. _____
<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor _____	_____	<input type="checkbox"/> Est. _____
<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor _____	_____	<input type="checkbox"/> Est. _____

Were you sentenced as a result of this offense?  YES  NO  
 If you responded "Yes" above, provide a description of the sentence. \_\_\_\_\_

Were you sentenced to a term of imprisonment?  YES ▶ What was the duration of the sentence? \_\_\_\_\_  
 What was the period of your incarceration? (Month/Year to Month/Year) \_\_\_\_\_  
 NO ▶ What alternate sentence was passed? \_\_\_\_\_

Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?  YES  NO

**ENTRY #3**  
 Provide the date of the offense. (Month/Year) \_\_\_\_\_ Provide a description of the specific nature of the offense. \_\_\_\_\_  
 Est.

Did this offense involve:  Alcohol?  Domestic violence?  Firearms or Explosives?  Illegal Narcotics?  Morals Charges?

Provide the location where the offense occurred.  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal, or any other type of law enforcement official?  YES  NO  
 If "Yes," provide the name of the law enforcement agency that arrested/cited/summoned you. \_\_\_\_\_

Provide the location of the law enforcement agency.  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?  
 YES ▶ Provide the name of the court and proceed below ▶ \_\_\_\_\_  
 NO ▶ Provide explanation ▶ \_\_\_\_\_

Provide the location of the court.  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

Provide all the charges brought against you in association with this offense, and the outcome of each charged offense (such as convicted, acquitted, charge dropped, "nolle pros," etc.) If you were convicted or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense.

Charge	Outcome	Date (Month/Year)
<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor _____	_____	<input type="checkbox"/> Est. _____
<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor _____	_____	<input type="checkbox"/> Est. _____
<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor _____	_____	<input type="checkbox"/> Est. _____



By execution of this document (the "Agreement" or the "Membership Agreement"), I/we (as denoted below as "Member") hereby apply for membership in OAK CITY MEDIA, INC. (hereinafter, the "Corporation"), in the classification herein indicated, and under the following terms and conditions:

### SECTION 1 - DEFINITIONS

Within this Membership Agreement, Member acknowledges that the following terms shall have their corresponding meanings:

1. "Affiliate" shall refer to a Person that, directly or indirectly through one or more intermediaries, controls, is controlled by, or is under common control of another Person.
2. "Agent" shall refer to a Person who is authorized to represent and act on behalf of the Corporation.
3. "Arbitration" shall refer to a method of dispute resolution in which an arbitrator conducts an evidentiary hearing and reviews written submissions from the disputing parties, then issues a binding Decision which can be enforced in a similar manner as a civil court judgment.
4. "Corporation" shall refer to Oak City Media, Inc.
5. "Decision" shall refer to a conclusion reached after evaluating facts and regulations relative to a situation; and includes orders or judgments pronounced.
6. "Employee" shall refer generally to a compensated Individual employed by the Corporation.
7. "Entity" shall refer to any corporation, partnership, limited liability company, unincorporated association or trust.
8. "Individual" shall refer to a natural person legally competent to act, and where applicable includes the estate of an incompetent or deceased Individual.
9. "Information" shall refer to knowledge which can be communicated, or to documentary material, regardless of its physical form or characteristics.
10. "Intellectual Property" shall refer to a work or invention that is the result of creativity.
11. "Interest Holder" shall refer to:
  - A. A shareholder, director or officer, if the Member is a corporation;
  - B. A member, manager, or officer of the limited liability company, if the Member is a limited liability company; or
  - C. Any other Person holding a voting or financial interest in the Member.
12. "Internet" shall refer to the global information system that is logically linked together by a globally unique address space based on the Internet Protocol, or its subsequent extensions, and that is able to support communications using the Transmission Control Protocol/Internet Protocol suite, or its subsequent extensions, or other Internet Protocol compatible protocols, and that provides, uses, or makes accessible, either publicly or privately, high level services layered on the communications and related infrastructure thereof.
13. "Mark" shall refer to a name, logo, trademark, or service mark related to the Corporation or to an activity or program conducted under its auspices.
14. "Member" shall refer to the executor of this Membership Agreement.
15. "Membership Agreement" shall refer to this agreement as executed by the Member.

16. "Officer" shall refer an Individual, authorized by law and the Corporation to perform the duties of an office of its executive administration, or some other, specific act.
17. "Official Capacity" shall refer to the service of an Individual, or alternately an employment or agency relationship undertaken by an Employee or Agent on behalf of the Corporation.
18. "Person" shall refer to an Individual, or to a trust, an estate, a domestic corporation, a foreign corporation, a professional corporation, a partnership, a limited partnership, a limited liability company, an unincorporated association, or other Entity.
19. "Representative" shall refer to a member of the General Assembly of the Corporation.

### SECTION 2-CONFIDENTIALITY MAINTENANCE

By executing this Agreement, Member hereby expressly acknowledges, understands, accepts and covenants that Member shall consider any and all business matters of the Corporation as Confidential, unless it is deemed by the Corporation to be in its best interests to publicly disseminate specific items of information.

### SECTION 3 - COVENANTS OF MEMBERSHIP

By executing this Agreement, Member hereby acknowledges, understands, accepts and covenants that:

1. Member shall be bound by, and shall fully adhere to, each of the following:
  - A. The Restated and Amended Articles of Incorporation of the Corporation;
  - B. The Bylaws of the Corporation;
  - C. Acts of the Members of the Corporation, as ratified by them at Convention duly assembled;
  - D. Resolutions duly adopted by the General Assembly of the Corporation, and given the Assent of the Members as stipulated in its Bylaws;
  - E. Such terms and conditions of participation which may apply with respect to each activity and/or program conducted under the auspices of the Corporation; and
  - F. Those terms and conditions of agreements entered into by the Corporation with any third party, to such extent as such agreement may pertain to and affect their membership.
2. Member shall strive to aid the Corporation in the pursuit of its mission and objectives; and to that end shall:
  - A. Actively promote those activities and programs operated under the auspices of the Corporation;
  - B. Adhere to such regulations as may be applied to such activities and programs by the Corporation as a condition for participation therein, as well as such others as the Corporation may enact pursuant to its Bylaws;
  - C. Act at all times with the utmost civility in Member's conduct; and
  - D. Take seriously all responsibilities associated with membership, both in

the Corporation and of the community at large, encouraging the development of the Corporation, its activities and programs in a positive manner.

3. Member shall at all times conduct themselves in a manner that would not result in the Corporation, or any of its activities or programs, being held in disrepute.
4. Member expressly acknowledges that Member has had opportunity to carefully read each rule and regulation associated with the Corporation, its activities and programs, and agree to be bound thereby as now in effect or as may be changed from time to time, with or without notice, by the Corporation or its Affiliates. Member further understands that failure to abide by such rules, regulations, terms, conditions and/or directives of authorized personnel of the Corporation or its Affiliates may result in remedial and/or disciplinary action including, but not limited to, Member's suspension from participating in one or more activities or programs conducted under the auspices of the Corporation, a suspension or termination of membership in the Corporation, and/or forfeiture of monies paid by Member, either as dues or fees paid by Member to participate in an activity or program, or both.
5. Member shall have no entitlement to any money held by, or owed to, the Corporation from any source whatsoever, by a claim of vested rights or otherwise.

### SECTION 4 - DISPUTES

By executing this Agreement, Member hereby expressly acknowledges, understands, accepts and agrees:

1. That no dispute internal to the affairs, business and operations of the Corporation shall be reviewed in any court of law, or in any other external forum, including Arbitration, and shall not engage in any form of litigation to resolve any differences or disputes with respect to the Corporation.
2. To submit any and all disputes which may arise in connection with their membership in the Corporation, or in connection with Member's participation in any activity or program conducted under the auspices of the Corporation, as the case may be, to the Corporation for the purpose of attaining resolution; and further, that it is in the best interests of both the Member and the Corporation that all actions taken, discipline or Decisions rendered by the Corporation thereon be accepted and fully complied with by Member.
3. That Member shall be bound, finally and without recourse of appeal, by actions, Decisions, rulings or interpretations made or reached pursuant to the Articles of Incorporation and the Bylaws of the Corporation, waiving any and all right of recourse to courts as might otherwise exist in their favor.
4. To waive any and all claims or demands in connection with, or by reason of, any Decision or action, taken or not taken,

whether for damages or otherwise, which Member may now or hereafter possess against the Corporation, against any and every other Member, and/or each and every Officer, Representative, Employee or Agent of the Corporation, either individually or in their Official Capacity.

5. That any litigation or other legal proceeding initiated or commenced by Member, or by any Interest Holder of Member, against the Corporation or any Officer, Representative, Employee, Agent, Member and/or Affiliate of the Corporation, for any claim or demand whatsoever arising out of, or in connection with, their membership in the Corporation, such Member shall immediately, and without recourse:
  - A. Have deemed to have consented to pay all fees related to such litigation or other proceeding, without limitation and including fees of counsel retained to defend against such litigation or other proceeding; and
  - B. Terminate its membership in the Corporation, whereupon the Corporation shall be entitled to exercise any and all options available to it as if the membership were terminated by the Corporation for cause.

### SECTION 5 - DUES AND ASSESSMENTS

By executing this Agreement, Member hereby expressly acknowledges, understands, accepts and covenants that the Corporation is and shall be empowered to impose dues, fees, fines, and other financial assessments upon Member as a condition of membership in the Corporation; and further, Member explicitly grants to the Corporation the power to levy and collect, by any lawful means, each of the same in accordance with the Bylaws of the Corporation and the determination of its General Assembly.

### SECTION 6 - INTELLECTUAL PROPERTY

By executing this Agreement, Member hereby expressly acknowledges, understands, accepts and covenants that

1. All Intellectual Property created by Member in connection with any activity or program conducted under the auspices of the Corporation is the property of the Corporation, and that upon a termination of membership in the Corporation, any and all rights, use rights, or licenses granted to Member by the Corporation to use such Intellectual Property shall immediately cease.
2. All copyrights associated with any and all Intellectual Property created by Member in connection with any activity or program conducted under the auspices of the Corporation shall be owned by the Corporation; provided, that for a period of seven (7) years from the date of any termination of membership in the Corporation, Member shall retain a restricted, non-transferable right of use of such Intellectual Property. The restrictions to the use of such Intellectual Property shall be as follows:



- A. The use shall not extend to publishing, or causing to be published, any book, media guide, magazine, document, logo device, wordmark, graphic, trademark, or other form of written work (and/or any derivative work of any of the foregoing) without the express, written consent of the Corporation.
- B. The use shall not extend to the broadcast or re-broadcast of any audio work to which the Corporation holds copyright, by means of the Internet or any other form of broadcast communication presently known or unknown; nor by means of radio transmission:
1. Originated from any commercial broadcast station; or
  2. Originated from any broadcast station operated within a twenty-five (25) mile radius of the corporate boundaries of the city of Raleigh, North Carolina.

**SECTION 7 - LIABILITY WAIVER**

By executing this Agreement, Member hereby expressly acknowledges, understands, accepts and covenants that:

1. There exists a risk of injury from activities and programs conducted by the Corporation, including without limitation the potential for permanent injury, paralysis, and/or death, and while rules, policies, procedures, equipment and application of personal discipline may reduce such risk, the risk of serious injury does exist; and
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of those herein released or others, and assume full responsibility for my participation in any such activity or program; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation in any activity or program conducted under the auspices of the Corporation. Should I observe any unusual or significant hazard during such participation, I shall remove myself from such participation and shall bring the nearest representative of the Corporation; and
4. On behalf of himself, and Member's heirs, assigns, personal representatives and next of kin, Member hereby releases and holds harmless the Corporation, together with its Members, Officers, Representatives, Employees, Agents, volunteers and/or employees, other participants, sponsors and sponsoring agencies, advertisers, and the owners and lessors of premises used to conduct the activity or program (herein, the "Releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

**SECTION 8 - PUBLICITY AUTHORIZATION**

By executing this Agreement, Member hereby expressly acknowledges, understands, accepts

and covenants that the Corporation shall enjoy a non-exclusive right to use my picture, alone or with others, and to use my name, likeness and/or biographical sketch in connection with any matter associated with the Corporation for publicity and promotional purposes of any and all types, including but not limited to films, photographs, videos, newspaper or magazine articles, television programs, Internet sites, manuals, broadcasts or telecasts, sound recordings, personal interviews, or other media known or unknown, in perpetuity.

**SECTION 9 - MISCELLANEOUS PROVISIONS**

1. Member acknowledges and understands that the Corporation shall be entitled to approve or disapprove this application at any time following its execution. If disapproved, the Corporation shall refund all moneys paid by Member hereunder, less any expenses incurred by the Corporation in its processing of Member's Membership Application; and thereafter, neither Member nor the Corporation shall have any obligations hereunder.
2. Member acknowledges and understands that Member may terminate membership in the Corporation at any time by delivering written notice to the Corporation to that effect.
3. Member acknowledges and understands that any notice required or permitted to be delivered by the Corporation with respect to membership shall be sufficient if sent in writing by United States Mail to the address denoted on the face of this document.
4. Member acknowledges and understands that should such information appear on the face of this document, Member hereby authorizes the Corporation to charge such credit card amount(s) established by the Corporation as:
  - A. The Membership Initiation Fee.
  - B. Member's dues for their first year of membership, as determined by the General Assembly of the Corporation for a Member who is admitted into the membership of the Corporation on January 1 of the year in which their Membership Application was approved.
  - C. Such future amounts, as dues, fees, fines, or other assessments imposed by the Corporation, as each of them may become assessable upon the Member, as a condition of continuing and maintaining membership in the Corporation, and/or to participate in an activity or program conducted under the auspices of the Corporation.
5. Member acknowledges and understands that each provision of this document shall be severable from the others, and should any of its provisions be deemed illegal or invalid by a court of competent jurisdiction, the validity of the remaining provisions shall not be affected; and the illegal or invalid provisions shall be deemed void, and of no effect.

**I HAVE CAREFULLY READ AND UNDERSTOOD THE TERMS OF THIS LEGAL DOCUMENT, AND I UNDERSTAND THAT THIS DOCUMENT IS INTENDED, IN PART, AND SHALL BE CONSTRUED TO BE, A FULL AND FINAL RELEASE AND WAIVER OF ALL CLAIMS AGAINST THE RELEASEES AND AN ASSUMPTION OF ALL RISKS ASSOCIATED WITH MEMBERSHIP IN THE CORPORATION.**

**BY SIGNING BELOW, I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS, AND DO SO FREELY AND VOLUNTARILY WITHOUT INDUCEMENT. I FURTHER AGREE TO BE BOUND BY THE ARTICLES OF INCORPORATION, THE BYLAWS OF OAK CITY MEDIA, INC., AND SUCH FURTHER RULES AND REGULATIONS AS OAK CITY MEDIA, INC. MAY IMPOSE FROM TIME TO TIME.**

MEMBER SIGNATURE (or Signature of Authorized Representative of Member)

PRINTED NAME (of Person signing)

COMPANY NAME (if Member is an Entity)

MAILING ADDRESS

CITY STATE ZIP CODE

PRIMARY TELEPHONE SECONDARY TELEPHONE

ELECTRONIC MAIL ADDRESS

DATE

**MEMBER CREDIT CARD INFORMATION**

PAYMENT TYPE

MASTERCARD  VISA  DISCOVER

NAME (As it appears on card)

CARD NUMBER

CCV EXPIRATION /