

MICHIGAN STATE SENATE

MEDIA REGISTRATION FORM

Pursuant to Senate Rule No. 3.901, members of the media are required to register with the Secretary of the Senate. A member of the media is defined as a person employed by or working as: a) A newspaper (as defined by U.S. postal regulations); b) a broadcast station licensed by the Federal Communications Commission, or a network serving one or more licensed broadcast stations; c) A cable television system with a franchise granted by a Michigan unit of government, or a network serving one or more franchised cable systems; d) A wire service; or e) An independent contractor on assignment to report state government news for an organization described above.

NAME _____ COMPANY _____

(Please print neatly)

STREET & NO. _____

(Employer address)

CITY _____ STATE _____ ZIP _____

WORK PHONE, including area code: _____

CELL PHONE, including area code: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ HEIGHT: _____ EYE COLOR _____

I AM EMPLOYED BY OR WORKING FOR: (Please check)

Newspaper

Cable Television Network

Television Network

Cable Television System

Broadcast Station

Wire Service

Independent contractor on assignment to report for an organization described above

Other _____

I AM A:

Member of the Media

Technician for a
Broadcast/Cable Station

I AM APPLYING FOR A:

4 Year Credential

1-Day Credential

Limited Credential (same day application*)

Date Requested: _____

Date Needed By* _____

I verify that I am not a lobbyist agent. I agree I have read and understand the Senate Rules and Discriminatory and Sexual Harassment Policies. I agree I will abide by these rules and policies. I agree it is my responsibility to update my information when it changes. This includes employer information and contact information. I understand the Secretary of the Senate can revoke my credentials at any time. In case of revocation, the Secretary of the Senate will notify me at the contact information provided.

SIGNATURE _____ DATE _____

*The Michigan Senate will work to accommodate your preferred date to obtain a credential, but it cannot be guaranteed. Limited credential cannot be guaranteed and will be processed as time permits.

Internal Use Only:

Received _____
Date Received By

Senate Police Approval _____
Date Received By

Secretary Approval _____
Date Received By

Applicant Notified _____
Date Received By

Credential Received/
Photo ID verified

Date Received By

Once credential is provided to applicant form will be returned to Secretary of the Senate for recording.