



COLLEGIATE BROADCASTERS, INC.

Membership Form

TYPE OF MEMBERSHIP

- New Station Membership \$ 80 a year
- Business/Associate Membership \$120 a year
- Renewal \$ 80 a year
- Call CBI for Corporate Sponsorship Opportunities

STATION MEMBERSHIP (One per station)

DATE ____/____/____

Station _____ School affiliation _____

Address _____ Adviser/Staff Contact _____

City/State _____ Primary Contact (if not Adviser) ▾

Zip Code/ Postal Code _____

Station Phone _____ Primary Contact Phone _____

Fax _____ Station website _____

Station E-Mail _____ Primary Contact E-Mail _____

TYPE OF STATION

Check all that apply to your ONE station

Radio: AM FM LPFM CCAM CAFM Part 15AM Web Other _____

Frequency _____ Power Output/Class _____ Primary Format _____

TV: FCC Licensed LPTV/A On Campus Cable Community Access Cable Channel # _____

All Stations

Operating Schedule Year Round Academic Year Only

How many hours a day? _____ Does the station use automation? _____

Network Affiliations (i.e. NPR, ABC, etc.) _____

Annual Operating Budget? _____ Do you have Satellite Receive capability? _____

If yes, which satellite/format (i.e. PRSS, SEDAT, Video Subcarrier, C, Ku) _____

Professional/Business Membership

Name _____ Company Name _____

Address _____ Phone _____

_____ Fax _____

E-Mail _____ Website _____

PAYMENT INFORMATION (make check payable to Collegiate Broadcasters, Inc. Federal ID #: 52-2362083)

- Enclosed is a check for
- Enclosed is a Purchase Order with instructions

Please submit completed form, along with payment or purchase order to:

CBI
 UPS – Hershey Square Center
 1152 Mae Street
 Hummelstown, PA 17036
 877-ASK-CBI1

In order for us to credit your payment properly, you must include a copy of this form with payment.

Date Received: ____/____/____	For CBI Internal Use Only	Forwarded: ____/____/____
Comments: _____		