



College Broadcasters, Inc.
(Fed Tax ID: 52-2362083)

Membership Form

Date ____ / ____ / ____

Type of Membership

New Member Renewal

Membership Dues

1 Year for \$125

Station Information (Complete one form per station):

Station Name:	School affiliation:
Station Call Letters (if applicable):	<input type="checkbox"/> Higher Education <input type="checkbox"/> High School
Mailing Address:	Adviser/Full-time Contact Name:
City, State:	Primary Contact (Other than adviser):
Zip Code:	Primary Contact Phone:
Station Phone:	Primary Contact E-mail:
Alternative Phone:	Station E-mail:
Fax:	Station Website:

About Your Station (Check all that apply):

Radio: FCC Licensed AM FCC Licensed FM LPFM CCAM
 CAFM Community Access Cable Online Other _____

TV: FCC Licensed LPTV/A On Campus Cable Other _____

All Stations:

Operating Schedule: Year-Round Academic Year Only Other _____

Commercial status: Commercial Non-commercial

Payment Information:

Enclosed is a check for \$_____. Enclosed is a purchase order with instructions.

Submit completed form, with payment or purchase order to:

College Broadcasters, Inc.
UPS- Hershey Square Center
1152 Mae Street
Hummelstown, PA 17036

For CBI Internal Use Only:

Date Received: ____ / ____ / ____ Rec'd By _____

Notes: _____