

**APPLICANT INFORMATION**

Company Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Primary Contact Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: _____	State: _____	Zip Code: _____
Telephone: _____	Fax: _____	Email: _____

CSG amount (Please list exact amount to the best of your knowledge): \_\_\_\_\_

**FOR JOINT-LICENSEE MEMBERS, PLEASE SPECIFY THE STATIONS WHO WILL RECEIVE MEMBERSHIP BENEFITS:**

\_\_\_\_\_

**PMBA invites all of your colleagues to enjoy organization member benefits. Please attach a list of contact information for any number of employees you would like to include.**

**MEMBERSHIP INFORMATION**

**The PMBA Annual Membership is calculated based on your station's CSG amount.**

CSG Amount	Annual Membership Rate
\$2,000,000,001 and above	\$1,500.00
\$1,000,000 to \$2,000,000	\$ 1,200.00
\$250,000 to \$1,000,000	\$ 760.00
less than \$250,000	\$ 435.00
Non-Licensee	\$ 1200.00

**Your total:** \_\_\_\_\_

**PAYMENT**

**PMBA now offers three easy ways to pay!**  
Or visit [www.pmbaonline.org](http://www.pmbaonline.org) to begin receiving your membership benefits today!

**CHECK**  
If paying by check, please send this form with the check to PMBA, 1300 Piccard Drive, Suite LL 14, Rockville, MD 20850

**CREDIT CARD**  
If paying by credit card, please send this form by fax to (301) 990-9771, or by mail to PMBA, 1300 Piccard Drive, Suite LL 14, Rockville, MD 20850.

Please charge my:  VISA     MASTERCARD     AMEX

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**BILL ME**  
If paying by invoicing, please send this form by fax to (301) 990-9771, by email to [info@pmbaonline.org](mailto:info@pmbaonline.org) or by mail to PMBA, 1300 Piccard Drive, Suite LL 14, Rockville, MD 20850