



# PMBA

**Public  
Media  
Business  
Association**

efficiency, effectiveness and economics of public media

### 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	\$1,575.00
\$1,000,000 to \$2,000,000	\$ 1,250.00
\$250,000 to \$1,000,000	\$ 760.00
less than \$250,000	\$ 435.00
Non-Licensee	\$ 1250.00

**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, 9707 Key West Ave, Suite 100, 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, 9707 Key West Ave, Suite 100, 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, LL 14, Rockville, MD 20850