

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
\$2,000,001 and above	\$1,575.00 (Ex Large Station)
\$1,000,000 to \$2,000,000	\$ 1,250.00 (Large Station)
\$250,000 to \$1,000,000	\$ 760.00 (Medium Station)
less than \$250,000	\$ 435.00 (Small Station)
Non-Licensee	\$ 1250.00

Your total: _____

PAYMENT

PMBA now offers three easy ways to pay!
Or visit 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 Dr., 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 Dr., 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 or by mail to PMBA, 1300 Piccard Drive, LL 14, Rockville, MD 20850