



TV/RADIO MEMBERSHIP APPLICATION

Please print or type the following application. When you have completed your application, please mail it to: 201 South Monroe Street, Suite 201 Tallahassee, FL 32301, or fax it to the Florida Association of Broadcasters at (850) 222-3957. If you have any questions, please contact FAB at (850) 681-6444.

Station Call Letters: AM: _____ Freq: _____
FM: _____ Freq: _____
TV: _____ Freq: _____

Changed Last Year From: AM: _____
(Only required if station letters have changed) FM: _____
TV: _____

Network Affiliation: _____

Contact Information:

Address: _____
City: _____
State: _____
Zip: _____
Phone Number: _____
Fax Number: _____
Applicant's Email: _____
Website Address: _____
Ownership Name: _____

General Manager:

Name: _____
Email: _____

News Director:

Name: _____
Email: _____

NCSA Contact:

Name: _____
Email: _____

Format:

AM: _____
FM: _____

Annual Dues: _____

**Please send all checks to FAB: 201 South Monroe Street, Suite 201 Tallahassee, FL 32301*

Government Relations: _____

(Only applicable for TV)

Signature

Date

