



Membership Application

Your Name

Your Title

Organization

Mailing Address

City / State / Zip

Your Phone

Your Fax:

Your Email

Organization's Web <http://>

Your Primary Area of Responsibility *(Finance, HR, Legal, IT, General Management, etc.)*

PBMA Membership Categories

1. Public Broadcasting Licensee

\$ 750 TV/Radio/or Joint Licensee receiving Community Service Grant
of more than \$ 1,000,000

 \$ 500 TV/Radio/or Joint Licensee receiving Community Service Grant
of \$ 250,000 to \$ 1,000,000

 \$ 200 TV/Radio/or Joint Licensee receiving Community Service Grants
of less than \$ 250,000

2. Non-licensee Entity

\$ 600 Associate PBMA membership

*Please print this page, complete the form, and mail it with a cover letter of introduction,
and your membership fee (purchase order or check) to*

PBMA
939 South Stadium Road
Columbia, SC 29201
Attention: Membership Committee

*Welcome to the Public Broadcasting Management Association.
Our mission: To provide public broadcasting with valued business leadership
and professional development, to foster the exchange of information and knowledge.*

