

NABOB MEMBERSHIP APPLICATION

Name: _____

Title: _____ Corporation/Firm: _____

Address: _____

Telephone: (____) _____ Fax: (____) _____

E-mail address: _____

Call Letters: _____ AM ___ FM ___ TV Market Number: _____ Format: _____

NABOB ANNUAL MEMBER DUES STRUCTURE

STANDARD MEMBERS

<u>BILLING CATEGORY-PER STATION</u>	<u>AMOUNT DUE</u>
___ Billing over \$3,000,000; or Networks	\$5,000.00
___ Billing over \$2,000,000; but less than \$3,000,000 or Top 10 Markets	\$2,750.00
___ Billing over \$1,000,000; but less than \$2,000,000 or Markets 11-60	\$1,500.00
___ Billing over \$500,000; but less than \$1,000,000 or Markets 61-100	\$1,000.00
___ Billing up to \$500,000 or Markets smaller than 100	\$ 500.00

ASSOCIATE MEMBERS

___ All non-Black Owned Radio/TV stations billing over \$3,000,000 and networks	\$5,000.00
___ All non-Black Owned Radio/TV stations billing less than \$3,000,000	\$2,750.00
___ Cable television systems and internet service providers	\$5,000.00
___ Equipment Suppliers/Manufacturers/service providers	\$ 500.00
___ Advertising Agencies/Research Firms/Programmers	\$ 500.00
___ Law Firms/MESBICS & Financial Institutions/Consultants	\$ 500.00
___ Noncommercial/educational stations, Communications Schools & Departments/Professional Organizations	\$ 450.00
___ Individuals	\$ 150.00
___ Student (fee valid for 2 years from date of membership)	\$ 50.00

Payment Method:

___ Check/Money Order ___ American Express ___ Discover ___ Master Card ___ Visa
(Make payable to NABOB)

Credit Card Number: _____ Expiration Date: _____

Billing Address for Card: _____

Signature: _____ Date: _____

Print name as it appears on card: _____

Total Amount Enclosed or Authorized to be charged: \$ _____

Please email this form to: nabobinfo@nabob.org

or

Please mail this form along with your payment to:

NABOB; 1250 Connecticut Avenue N.W., Suite 700, Washington, D.C. 20036
(202) 463-8970, FAX (202) 517-9185