

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>
<input type="checkbox"/> Billing over \$3,000,000; or Networks	\$5,000.00
<input type="checkbox"/> Billing over \$2,000,000; but less than \$3,000,000 or Top 10 Markets	\$2,750.00
<input type="checkbox"/> Billing over \$1,000,000; but less than \$2,000,000 or Markets 11-20	\$1,500.00
<input type="checkbox"/> Billing over \$750,000; but less than \$1,000,000 or Markets 21-60	\$1,250.00
<input type="checkbox"/> Billing over \$500,000; but less than \$750,000 or Markets 61-100	\$1,000.00
<input type="checkbox"/> Billing up to \$500,000 or Markets smaller than 60	\$500.00

ASSOCIATE MEMBERS

<input type="checkbox"/> All Non-Black Owned/Black Formatted Radio/TV Station; or Networks	\$2,000.00
<input type="checkbox"/> Commercial Telecommunications Providers/Internet Companies/ Equipment Suppliers/Manufacturers	\$450.00
<input type="checkbox"/> Advertising Agencies/Research Firms/Programmers	\$450.00
<input type="checkbox"/> Law Firms/MESBICS & Financial Institutions/Consultants	\$450.00
<input type="checkbox"/> Noncommercial/educational stations/Communications Schools & Departments/Professional Organizations	\$450.00
<input type="checkbox"/> Individual	\$150.00
<input type="checkbox"/> Student (fee valid for 2 years from date of membership)	\$50.00

Payment Method:

- Check/Money Order American Express
(Make payable to NABOB)

Credit Card Number: _____ Expiration Date: _____

Signature: _____ Date: _____

Print name as it appears on card: _____

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

Please mail this form along with your payment to:
 NABOB; 1155 Connecticut Avenue N.W. , Suite 600; Washington, D.C. 20036
 (202) 463-8970 FAX (202) 429-0657