

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 11-20	\$1,500.00
___ Billing over \$750,000; but less than \$1,000,000 or Markets 21-60	\$1,250.00
___ Billing over \$500,000; but less than \$750,000 or Markets 61-100	\$1,000.00
___ Billing up to \$500,000 or Markets smaller than 60	\$ 500.00

ASSOCIATE MEMBERS

___ All Non-Black Owned/Black Formatted Radio/TV Station; or Networks	\$2,000.00
___ Commercial Telecommunications Providers/Internet Companies/ Equipment Suppliers/Manufacturers	\$ 450.00
___ Advertising Agencies/Research Firms/Programmers	\$ 450.00
___ Law Firms/MESBICS & Financial Institutions/Consultants	\$ 450.00
___ 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: _____

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; 1201 Connecticut Avenue N.W. , Suite 200; Washington, D.C. 20036
(202) 463-8970 FAX (202) 429-0657