



# Full Power Public/Non-Commercial Broadcaster Membership Application

## CONTACT INFORMATION

STATION/GROUP OWNER

MAILING ADDRESS

CITY/STATE

ZIP/POSTAL CODE

EXECUTIVE IN CHARGE

TITLE

PHONE

EMAIL (REQUIRED)

DUES BILLING CONTACT

SAME AS CONTACT ABOVE.

TITLE

MAILING ADDRESS

CITY/STATE

ZIP/POSTAL CODE

PHONE

EMAIL (REQUIRED)

Please list all operated full-power station(s).

CALL LETTERS	LICENSE CITY, STATE	CHANNEL or FREQUENCY

### Things to Know

Upon receiving your membership application, NAB will contact you to discuss membership dues and payment options.

- Membership dues are non-refundable.
- All broadcast stations operated by a group must be in membership.
- Membership includes access to NAB’s full suite of benefits.

To learn more, visit [nab.org/whynab](http://nab.org/whynab).

### Contact NAB Membership

1 M Street SE Washington DC 20003 3512

[membership@nab.org](mailto:membership@nab.org)

(202) 429-5400