



# Membership Renewal Application/Form

**NATIONAL EBS ASSOCIATION**

Institution/Organization:

EBS Call Letters:

Representative/Contact Person:

Title:  Department:

Office:  Cell:  Fax:

E-mail:

Please list name and address exactly as it should appear on a mailing label. (limit of 6 lines)

Name

Address

City  State  Zip Code

Country

Please refer to Membership information and then select the applicable category/type of Membership and Level:

**Member - Must Supply EBS Call Letters**

**Associate Member**

**Basic Level - \$ 300/yr**

**Institutional Level - \$ 500/yr**

**Sustanining Level - \$1,000/yr**

**Corporate Member**

**Basic Level - \$400/yr**

**Contributing Level - \$650/yr**

**Sustaining Level - \$1250/yr**

**Patron Level - \$2500/yr**

Contribution: \$

Total Payment \$

I would like our contribution beyond the member level to be used for:

Or, wherever they're needed most: Operations, Legal Costs, Other:

Please select your payment method:

Check  PO  AmExpress  MasterCard  Discover Card  Visa Card

Name on Card:  Card Number:

Expiration Date

**Notice:**

**(Please make checks payable to the National EBS Association)**