



# New Member 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
- AmEX
- Discover Card
- MasterCard
- Visa Card

Name on Card:

Card Number:

Expiration Date

**Notice:**

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

National EBS Association - PO Box 121475 - Clermont, FL 34712-1475  
Phone: 407 401-4630 - Fax: 321 406-0520 - E-mail: membership@nebsa.org