NEBSA
NATIONAL EBS ASSOCIATION

NEBSA Membership Application Form

Institution/Organization: EBS Call Letters

Representative/Contact Person   Email address

Title   Department

Street address   Street address line 2

City   State   Zip code

Phone number (Office)   Cell Phone:

Fax Number

Please refer to NEBSA Membership Information Effective 01/01/2015 and then select the Applicable Type and Level of Membership that best fits your organization (ref. the various options below.)

EBS Licensee Member - Must   Basic Level $360
Supply EBS Call Letters   Institutional Level $600
                                                           Sustaining Level $1200
                                                           Patron Level $1500

Associate Member   Basic Level $360
                                                           Institutional Level $600
                                                           Sustaining Level $1200
                                                           Patron Level $1500

Corporate Member   Basic Level $480
                                    Contributing Level $660
                                    Sustaining Level $1260
                                    Patron Level $3000

I would like to make a contribution beyond the member level selected,

Contribution Amount $

Contribution to be used for:

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

Notes about membership privileges:
Our members get discounts on all programs and networking events. Listing on
Members only website includes a profile page where you can view your and other
member's profiles, access member's only information, and create your own blog, polls,
etc.and share your upcoming events and latest news.

Additional colleagues covered by your level of membership

Name   Email address

Name   Email address

Name   Email address

Duration of Membership

From (date of membership approval) to (date of membership renewal).
NEBSA memberships are renewed annually effective on the
1st day of January of each year.

Payment Information

Please select your payment method.

Payment Type:

- American Express
- Discover Card
- Master Card
- Visa Card
- Check
- Purchase Order

Name on the Card   Credit Card Number

Expiration Date

Security
Code

Notice:
Please make checks payable to the National EBS Association (NEBSA)

Mail Payments to:
National EBS Association - P.O. Box 121475 - Clermont, FL 34712-1475
Phone: 407-362-7683 Office, 407-399-1856 Cell - Fax 321-406-0520
E-mail: membership@nebsa.org