



Membership Application

Name: _____

Address: _____

Phone: _____ E-mail: _____ Fax: _____

City: _____ State: _____ Zip: _____

Company: { if you are working. } _____ Retired: _____

Brief Description of your connection to broadcasting: _____

<u>Broadcast Pioneer:</u>	<u>Annual Dues</u>
<input type="checkbox"/> Retired: Retired with significant experience in broadcasting or a related field.	\$30.00
<input type="checkbox"/> Hall of Fame: Member of the Indiana Broadcast Pioneers Hall of Fame	\$30.00
<input type="checkbox"/> Active: Income derived from working in broadcasting or related field with significant prior experience in broadcasting.	
a. Persons under 55 years of age.	\$25.00
b. All others	\$50.00

Please make check payable to: Indiana Broadcasters Association.

Mail to; Robert G. Warren 2526 Parkwood Dr. Indianapolis, Indiana 46224

Questions: call 317-388-1171 or rwcollector@sbcglobal.net

You'll Receive a Gold Microphone Lapel Pin

****Quarterly newsletter***

****Invitations to to meetings of the organization***

****Invitation to social events***

****Invitation to annual Hall of Fame Event***

Your dues help support archival materials and the documenting of broadcasting in Indiana.

Membership Qualifications: Persons who either by their long years of service in the field of broadcasting or their significant contribution to the broadcast industry, desire to become associated for the purposes of friendship, education, public service and the preservation of broadcast history. The organization shall be a clearing house for the exchange of information and historical data about Indiana broadcasting and shall record, in form to be determined, facts, data and memorabilia for use by this and future generations.