



Membership Application

Name: _____

Address: _____

Phone: _____ E-mail: _____ Fax: _____

City: _____ State _____ Zip _____

Company: (if you are working.) _____ Retired: _____

Brief Description of your connection to broadcasting: _____

You'll Receive a Gold Microphone Lapel Pin

*Quarterly Newsletter

*Invitation 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.

Active Broadcaster \$45/year Annual Dues

Retired Broadcaster \$30/year Annual Dues

Please make check payable to: Broadcast Pioneers, Indiana Chapter. Mail to;

Robert G. Warren 2526 Parkwood Dr. Indianapolis, Indiana 46224

Questions: call 317-338-1171 or rwcollector@aol.com

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**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.

