



2019 Membership Application Form

DUES CALCULATIONS

<u>Net Revenue*</u>	Annual Investment	
ABA Membership Investment Schedule is based on combined revenues of all individually licensed stations owned or managed (LMA) by the same entity.	_____ \$0-\$100,000	\$150.00
	_____ \$100,000-\$200,000	\$210.00
	_____ \$200,000-\$300,000	\$250.00
	_____ \$300,000-\$400,000	\$300.00
	_____ \$400,000-\$1.0 million	\$375.00
	_____ \$1.0 million-\$2.0 million	\$400.00
	_____ \$2.0 million-\$8.0 million	\$550.00
	_____ Over \$8.0 million	\$700.00
	_____ Non-Commercial/Educational	\$100.00

*Net Revenue: Total billing less agency commission

Would you like to make a contribution to the ABA PAC () AMOUNT _____

MEMBER STATIONS

- (1) List ALL stations that are to receive member services
- (2) Please print or type
- (3) Be sure to show AM, FM or TV

CALL LETTERS	CITY OF LICENSE	FREQUENCY	POWER	FORMAT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(if more room is needed, please continue on back)

PAYMENT

Dues are effective February 1- January 31 each calendar year.

Payment is attached _____

Bill me later _____

STATION INFORMATION

Owner (Corporation): _____

General/Station Manager _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Thank you for your participation! Please complete and return this form to the ABA at:

2024 Arkansas Valley Drive • Suite 403 • Little Rock, AR 72212 • Email: mail@arkbroadcasters.org • Fax: (501) 223-9798

Note: Due to IRS Code requirements regarding legislative activities by 501-C-6 organizations, your 2019 dues payment is a non-deductible business expense