

Application for SCBA Membership

SCBA MEMBERSHIP APPLICATION

(Please type or print)

STATION MEMBER

(Station membership is open to any commercial radio or television station licensed in South Carolina.)

Station Call Letters _____

City (Cities) of License _____

Frequency/Dial Position(s) _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Fax (____) _____ Email _____

Corporate Entity _____

Person Making Application _____ Revenue Category _____

Title _____ Date _____

ASSOCIATE MEMBER

(Associate membership is open to any business or organization, professional individual or retired broadcaster desiring to maintain a working relationship with broadcasters in South Carolina. It is also open to non-commercial stations.)

Business/Organization _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Fax (____) _____ Email _____

Person Making Application _____

Title _____ Date _____

Nature of Business _____

This application may be mailed or faxed to:

SCBA
One Harbison Way, Suite 112
Columbia, SC 29212

SCBA
Attention: Shani White
Fax: (803) 732-4085/Phone: (803) 732-1186

Upon approval of your application by the SCBA Board of Directors, you will be invoiced for your dues amount. Dues are payable in full at the beginning of each calendar year but are pro-rated for those who join after the start of the year. Send no money now.