PARTNER MEMBERSHIP ($200)
National Friends of Public Broadcasting

Date __________________________
Station or Organization ____________________________________________________________
Check one: New _____ Renewal ____ Former Member ________
Mailing Address
Street _____________________________________________________________
City ___________________________ State ___ ZIP Code ____________

PRIMARY Contact Name
Last Name __________________________ First Name ____________________________
E-mail of person completing the PARTNER form _________________________________________

General Manager/President/CEO
Last Name __________________________ First Name ____________________________
Title _____________________________________________________________
Mailing Address
Street _____________________________________________________________
City ___________________________ State ___ ZIP Code ____________

Staff to be listed as NFPB Member
Last Name __________________________ First Name ____________________________
Title _____________________________________________________________
Mailing Address
Street _____________________________________________________________
City ___________________________ State _____ Zip ____________
Phone ____________________________
Email ______________________________

Volunteer to be listed as NFPB Member
Last Name __________________________ First Name ____________________________
Mailing Address
Street _____________________________________________________________
City ___________________________ State _____ Zip ____________
Phone ____________________________
Email ______________________________

Please mail your $200 check payable to National Friends of Public Broadcasting noted as “NFPB Membership” to:
Dennis McDonald
NFPB Membership Chair
501 Broadway
San Antonio, TX 78215
dmcdonald@klrn.org