

CAREER ACTIVITIES

YOUR SPECIALTIES: (please check all applicable):

- Actor Announcer Producer Director Writer
 Musician Singer Engineer Administration
 Other _____

(Brief Description)

| | |
|-------|--|
| YEAR | Describe your first job in the industry including the year. _____ _____ |
| YEARS | List credits or describe your industry background, including years worked. You may substitute a copy of your resume. _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ |

Present activity, if not retired _____

Please enclose any other information about yourself which may be relevant to becoming a member.
(Use additional pages, if needed)

Aug, 2015



A Non-Profit
Fraternal Organization of
Radio and Television
Broadcasting Professionals

MEMBERSHIP APPLICATION



MAIN OFFICE:

PACIFIC PIONEER BROADCASTERS
 Post Office Box 8673
 Calabasas, CA 91372

www.PPBwebsite.org

323-461-2121

Eligibility for membership requires at least 20 years of non-consecutive professional service in radio, television or in a related field of entertainment. A member in good standing is required to sign as a sponsor on this application.

 (Print Name) _____ (Date)

 (Home Address)

 (City & State) _____ (ZIP) _____ (E-Mail)

(_____) _____ (_____) _____ (_____) _____
 (Home Phone) (Cell Phone) (Business Phone)

 (Business or Company Name & Address)

 (Years in Radio) _____ (Years in Television) _____ (Years in a Closely Related Field - Identify)

Do you wish PPB mailings to be addressed to your home _____ or office _____?

**Please enclose with this application your Check or Money Order in the amount of \$105.00,
 (This amount includes \$50.00 initiation fee plus \$55.00 annual dues) and mail to:**

**PACIFIC PIONEER BROADCASTERS
 Membership Committee
 c/o 13851 Riverside Drive
 Sherman Oaks, CA 91423**

 (Applicant's Signature)

As a member of Pacific Pioneer Broadcasters, I certify that this applicant has been substantially engaged in the industry during the above-mentioned required period.

 (Name - Print) SPONSOR _____ (_____) _____
 (Home Phone)

 (Signature) _____ (Date) _____ (_____) _____
 (Business Phone)