

## CAREER ACTIVITIES

YOUR SPECIALTIES: (please check all applicable):  Actor  Administration  Announcer  
 Producer  Director  Writer  Musician  Singer  Engineer  Internet

Other (Brief Description) \_\_\_\_\_

### PLEASE PRINT CLEARLY

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)

Jan. 22, 2018



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

## MEMBERSHIP APPLICATION



PACIFIC PIONEER BROADCASTERS  
 Post Office Box 8673  
 Calabasas, CA 91372

[www.PPBwebsite.org](http://www.PPBwebsite.org)

323-461-2121

Eligibility for membership requires at least 10 years of non-consecutive professional service in radio, television or in a related field of entertainment, including the internet. 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 \_\_\_\_\_?

**Send your completed application and a check payable to PPB for \$105.00 to:**

*(This amount includes \$50.00 initiation fee plus \$55.00 annual dues)*

**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)