

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	What was your first job in the industry, include the year. _____
YEARS	List credits of 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)



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

 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)