



# RADIO • TELEVISION MEMBERSHIP APPLICATION

## GAB MISSION STATEMENT

**T**he mission of the Georgia Association of Broadcasters is to provide assistance which enables members to serve their communities of license in a manner which meets or exceeds the spirit and intent of FCC rules and regulations through education, representation and advocacy.

*GAB is organized to promote the well being, cooperation and prosperity of the owners, managers and employees engaged in the business of over-the-air broadcasting in the State of Georgia by helping members better serve their audience, advertisers and staff.*

*GAB will provide current information from state and federal agencies, legislative bodies and other entities; represent the members before public bodies in matters affecting the broadcasting industry; promote good will between members of the association, between the association and the public of Georgia and key support industries throughout the state.*

*GAB will serve as a clearing house by monitoring and communicating information regarding matters affecting the well being of the members of the association; engage in the industry-wide cooperative efforts for the common good of the broadcasting industry and between the industry and the communities they serve; foster, encourage, and promote laws, rules, regulations, customs and practices which will be in the best interest of the broadcasting profession.*

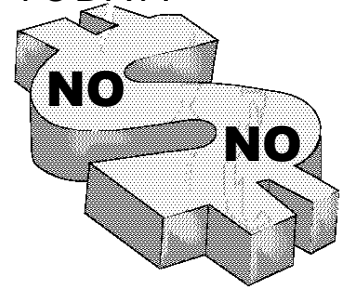
*Serving Georgia Broadcasters Since 1934*

GEORGIA ASSOCIATION OF BROADCASTERS  
8010 ROSWELL ROAD, SUITE 150  
ATLANTA GEORGIA 30350

Phone – (770) 395-7200 • Fax – (770) 395-7235 • E-mail – [sandersb@gab.org](mailto:sandersb@gab.org)

# YOU CAN JOIN GAB FOR NO CASH OUT OF POCKET!

ENJOY ALL THE BENEFITS OF GAB MEMBERSHIP TODAY!  
JOIN THE NATION'S OLDEST AND LARGEST STATE  
BROADCASTING ASSOCIATION.



*As a member of GAB, you can enjoy —*

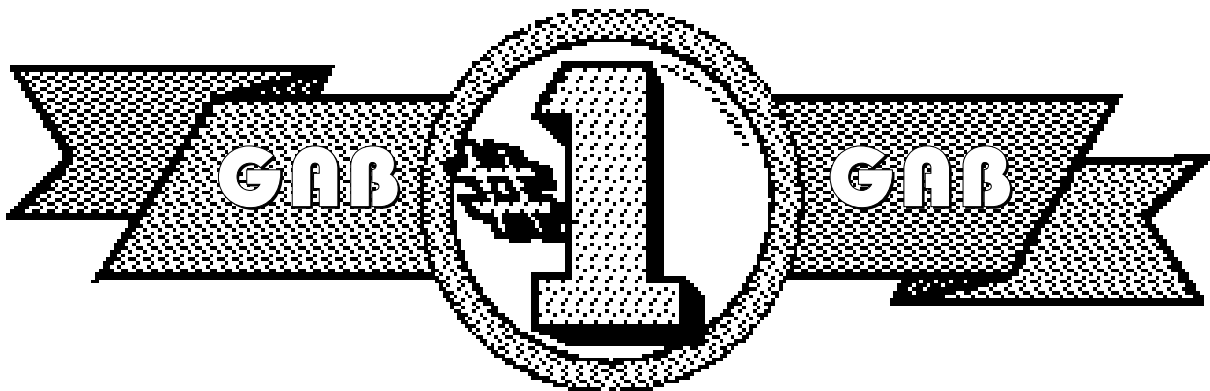
- Legal and technical information by calling the GAB office.
- Liaison with the FCC that has saved hundreds of thousands of dollars for Georgia broadcasters.
- The option to get a professional inspection that will *guarantee you immunity* from FCC inspection for three years!
- Your own lobbyists in Atlanta and Washington, looking out for your interests on the political and regulatory fronts.
- Get reduced registration rates on conventions, meetings, educational sessions and seminars.
  - Reduced rates from **AT&T**, **UPS** and other day-to-day services used by all businesses.
  - Access to the GAB's exclusive group health, major medical and dental insurance programs.

*How do we join?*

**THERE IS A SUPER EASY WAY TO OBTAIN GAB MEMBERSHIP —**

**NO CASH** The majority of our members join by participating in the **GAB-TIME PROGRAM**. This method *eliminates* any cash dues payments to GAB. Under this system, stations agree to give GAB a small number of spot availabilities to sell to *non-traditional advertisers*. The income from these weekly spots (*6 for radio or 4 for television*) gives you a 100% credit against your GAB dues. The GAB qualifies and screens all **GAB-TIME** participants to make sure they are not advertisers that would normally spend money with our member stations. The **GAB-TIME** spots are run by the stations on an ROS basis. Money derived from these spots operates the GAB and helps us lobby and act in your interest throughout the year.

***Join the more than 90% of the radio and television stations that are  
members of GAB  
and be one of Georgia's winning stations every day!***



# MEMBERSHIP APPLICATION

**W**elcome to membership in the oldest, largest and most prestigious state broadcasting association in America. In joining GAB, you join an elite group of broadcasters interested in and determined to control their destiny in the profession. Please fill in all blanks below and return to GAB.

\_\_\_\_\_ Date

Call Letters \_\_\_\_\_ Mailing address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Street Address \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail address \_\_\_\_\_  
 City or Cities of License \_\_\_\_\_ County \_\_\_\_\_ Owner or group name if group owned \_\_\_\_\_

We wish to join GAB through **GAB-TIME** participation and agree to air spots provided by GAB featuring non-traditional advertisers. (*6 spots per week for radio or 4 spots per week for TV*). We understand that this will give us 100% credit toward dues payment to GAB. We understand that in joining GAB through **GAB-TIME**, we agree to air the GAB-Time spots for a period of one year.

General Manager Signature \_\_\_\_\_



## PERSONNEL INFORMATION

*(Please indicate who at your station is designated for the titles below or who handles these duties)*

General Manager \_\_\_\_\_  
 Sales Manager \_\_\_\_\_  
 Program Director \_\_\_\_\_  
 News Director \_\_\_\_\_  
 Promotion Director \_\_\_\_\_  
 Public Service Director \_\_\_\_\_  
 Engineer \_\_\_\_\_  
 Engineer: Full time \_\_\_\_\_ or Contract \_\_\_\_\_

If you elected to join as a **GAB-TIME** participant, who should the tapes and traffic information be addressed to at your station?

\_\_\_\_\_

## RETURN TO

**BILL SANDERS, PRESIDENT**  
**GEORGIA ASSOCIATION OF BROADCASTERS**  
**8010 ROSWELL ROAD, SUITE 150**  
**ATLANTA GEORGIA 30350**

## RADIOONLY (Please fill in appropriate blanks for all stations involved in your local operation).

Calls Letters \_\_\_\_\_  
 Frequencies \_\_\_\_\_  
 Formats \_\_\_\_\_  
 Networks \_\_\_\_\_  
 Do you have a news department? Yes\_\_\_ No\_\_\_  
 Do you have a talk show? Yes\_\_\_ No\_\_\_  
 If yes, who is the contact person? \_\_\_\_\_  
 This station is simulcast with: \_\_\_\_\_  
 Are you able to receive **MP3 files by e-mail** \_\_\_Yes \_\_\_No  
 If so, what address should be used? \_\_\_\_\_

## TELEVISION ONLY (Please fill in appropriate blanks for all stations involved in your local operation).

Call letters \_\_\_\_\_ Channel \_\_\_\_\_  
 Networks \_\_\_\_\_  
 Do you have a news department? Yes\_\_\_ No\_\_\_  
 Do you have a talk show? Yes\_\_\_ No\_\_\_  
 If yes, who is the contact person? \_\_\_\_\_  
 Do you have satellite reception Yes\_\_\_ No\_\_\_  
 What format video tape do you prefer to receive  
 \_\_\_\_\_

