

**MEMBERSHIP APPLICATION
GWANDAK PUBLIC BROADCASTING, INC.
KZPA-900 AM**

Date of Application: _____

Name of Member: _____

Address: _____

Phone: _____

Amount Received _____ Form of payment _____

_____ VOTING MEMBER (18 years of age)

_____ NON VOTING MEMBER

_____ person sold membership

This membership entitles the holder to one vote in the election of a Board of Directors for Gwandak Public Broadcasting, Inc.

This membership will expire one year from the date of application. All money Donated to Gwandak Public Broadcasting, Inc. is tax deductible.

Thank you for your support!

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