

**NOT VALID
WITHOUT PHOTO**

Please attach a **quality photo** of any size (but no smaller than 2"x2") to this application or send in a digital photo on a CD.

**2010
COLORADO
WORKING PRESS
Application**

Photocopy for additional applicants
or visit www.coloradobroadcasters.org
to download the PDF.

Plate # _____

Must Include When
Ordering 2010
Sticker to renew your
current plate

PERSONAL INFORMATION

(Please Print)

Date _____

Name _____ Social Security # _____

Station/ Call Letters or Company Name: _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

e-mail _____

CREDENTIALS DESIRED

Check Appropriate Boxes

No Personal Checks

PRESS ID CARD	2010 STICKER	LICENSE PLATE*	TOTAL DUE
<input type="checkbox"/> CBA Member \$20 <input type="checkbox"/> Non-Member \$30	<input type="checkbox"/> CBA Member \$15 <input type="checkbox"/> Non-Member \$25	<input type="checkbox"/> CBA Member \$35* <input type="checkbox"/> Non-Member \$50* *10 sticker also needed	\$ _____ Payment must accompany order

VISA/MasterCard/Discover # _____

Cardholder _____ Exp. Date _____

Signature _____ Billing Zip _____

Press credentials will be issued through the Colorado Broadcasters Association to member station employees and Affiliate members who are engaged to gather, receive, observe, process, prepare, write or edit news information for dissemination to the public through the mass media. For membership information call, (970) 547-1388.

- I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if credentialed, falsified statements on this application shall be grounds for revocation of credentials.
- I authorize investigation of all statements contained herein and release all parties from all liability for any damage that may result.
- I understand and adhere to the criteria as stated on the back of the form for receiving press credentials through the Colorado Broadcasters Association.

Applicant's Signature: _____

News Director's Signature: _____

Print News Director's Name: _____

Date: _____

Colorado Broadcasters Association

P.O. Box 2369

2042 Boreas Pass Road

Breckenridge, CO 80424

970-547-1388 Fax: 970-547-1384