

**NOT VALID  
WITHOUT PHOTO**

Please attach a **quality photo** of any size (but no smaller than 3x3") to this application or send in a digital photo on a CD.

**2009  
COLORADO  
WORKING PRESS  
Application**

Photocopy for additional applicants  
or visit [www.coloradobroadcasters.org](http://www.coloradobroadcasters.org)  
for an electronic form

Plate # \_\_\_\_\_

Must Include When  
Ordering 2009  
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	2009 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* <small>* '09 sticker also needed</small>	\$ _____ Payment must accompany order

VISA/MasterCard # \_\_\_\_\_

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  
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Breckenridge, CO 80424  
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