



REFERRED BY: _____

BILINGUAL BROADCASTING FOUNDATION, INC.

MEMBERSHIP APPLICATION

NAME: _____

AMOUNT:

ADDRESS: _____

\$ _____

Check/Cash _____

Numero de telefono
Phone #: (____) _____

Fecha
Date: _____

Signature/Firma

Programa
Program: _____

Gracias por ser parte de "La Nuestra"



Tipo de membresia/Type of membership

_____ Business/Comercial: \$150

_____ Non-Profit/No Lucrativa: \$75

_____ Family/Familiar: \$30

_____ Single/Individual: \$20

LA FUNDACION DE DIFUSIONES BILINGUES LE AGRADECE SU PROMESA DE APOYO. FAVOR DE ENVIAR SU CONTRIBUCION TAN PRONTO LE SEA POSIBLE. RECUERDE QUE SU CONTRIBUCION ES DEDUCIBLE DE IMPUESTOS ANUALES.

THE BILINGUAL BROADCASTING FOUNDATION, INC. THANKS YOU FOR YOUR PLEDGE. PLEASE REMIT AS SOON AS POSSIBLE. YOUR CONTRIBUTION IS COMPLETELY TAX DEDUCTIBLE.

REGRESE ESTA COPIA CON SU DONACION
RETURN THIS COPY WITH YOUR DONATION

FOR YOUR RECORDS – KBBF FEDERAL TAX ID#: 23-7134263