



# TEXAS PUBLIC RADIO

## Community Partner Membership

### COMMUNITY PARTNER MEMBERSHIP BENEFITS

- Frequent acknowledgement during the next fund-raising campaign.
- Acknowledgement once a week for 50 consecutive weeks on the station(s) indicated below
- A listing and link on our award-winning website at www.tpr.org.
- Invitation to the annual Corporate Supporter event.
- Pair of Texas Public Radio membership identification cards valid for the membership period.

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

Sales Rep: \_\_\_\_\_ (if known)

### STATION/STATIONS TO INCLUDE IN YOUR MEMBERSHIP

- |                                       |                |               |
|---------------------------------------|----------------|---------------|
| <input type="checkbox"/> KSTX 89.1 FM | San Antonio    | \$510.00/year |
| <input type="checkbox"/> KPAC 88.3 FM | San Antonio    | \$340.00/year |
| <input type="checkbox"/> KTXI 90.1 FM | Hill Country   | \$297.50/year |
| <input type="checkbox"/> KTPR 89.9 FM | Big Country    | \$127.50/year |
| <input type="checkbox"/> KVHL 91.7 FM | Highland Lakes | \$127.50/year |

**TOTAL MEMBERSHIP AMOUNT:**

**\$** \_\_\_\_\_

**\*\*PRICING INCLUDES 15% NON-PROFIT DISCOUNT, APPLIED UPON RECEIPT OF 501(C) 3 CERTIFICATION LETTER/FORM**

### MEMBER TO MEMBER OFFER (if applicable)

If you would like additional exposure and if you have a significant discount or privilege you wish to extend to TPR members, we will identify you on the member benefits section of our website, www.tpr.org. The listing will include your business name, address, phone, web address, and a brief description of your products or services along with the details of your offer.

Discount to Texas Public Radio members: \_\_\_\_\_

### PAYMENT OPTIONS (Check One)

- Pay by check in full, payable to Texas Public Radio
- Bill my credit card in full
- Bill installments to my credit card in equal quarterly payments

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- VISA
- MasterCard
- American Express
- Discover