

Member Certification Form

FY 2014 Membership Certification

Status: SUBMITTED

Communications Contact

All communications for this form and any questions PBS may have will be made with the following individual. Identify the individual who should receive all communications:

First and Last Name*

Trina Cutter

E-Mail Address*

tcutter@westernreservepbs.org

Station Information

Please enter your Station information:

Station Call Letters (or State Network)*	WNEO/WEAO
Licensee Organization (per FCC License) *	Northeastern Educational Television of Ohio, Inc.
if other, Operating Organization	Western Reserve Public Media
Organization Street Address*	1750 Campus Center Drive
Organization City*	Kent
Organization State and Zip Code*	Ohio 44240

The above named licensee organization, a member of the Public Broadcasting Service("PBS"), certifies that the public television broadcast station(s) operated by the organization (i) provide(s) nonsectarian, nonpolitical, noncommercial educational program service to the general public in the community served by the station(s), in accordance with PBS policies, and (ii) complies at all times with the terms, conditions and guidelines set forth in the PBS Member Station Handbook and all other applicable PBS policies (available on PBS Connect at <http://connect.pbs.org> under Systemwide Management > PBS Member Toolkit > PBS Member Station Handbook), including, without limitation, all financial obligations. The licensee organization acknowledges that the PBS Board may update member policies throughout the year. Updated policies are effective upon notification to the membership following approval by the PBS Board.

Signature*

Trina Cutter

Title*

President & CEO

Date*

7/9/2013

PBS Member Station Information

I. GM Contact Information

Primary PBS Contact Information (GM)* Trina Cutter
 Email Address* tcutter@westernreservepbs.org
 Phone Number* 330-677-4549

II. Station Information

Please list your transmitter information here:

WNEO-DT 50 WEAO-DT 45

Please detail below any changes to your transmitter or operation that may have impacted your digital population coverage. (For example, change in the number of transmitters, location, power, etc...):

No changes that have an impact on digital population coverage

III. Digital Services

A. Broadcast Multicast Channels

Please provide below the name and general description of each of your station's multicast channels. You do not need to provide a description of nationally packaged channels like PBS World, Create and V-ME.

Channel

Channel #

Fusion, a locally programmed ptv variety service, MHz WorldView, V-ME

Identify your Primary PBS Channels

Primary PBS Channel

45.1 and 49.1

B. Cable/Satellite/FIOS/Mobile/Other

Please describe any additional services your station is providing via Cable, Satellite, FiOS, Mobile, the Internet or any other means. (For example, an educational channel on Cable)

Please complete the form and submit by July 23, 2012

If you have any questions about this certification, please contact Thomas Crockett (tcrockett@pbs.org) or Vanessa Butler (vnbutler@pbs.org).