

MEMBER CERTIFICATION FORM

FY 2015 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*	<input type="text" value="Ronnie Agnew"/>
E-Mail Address*	<input type="text" value="ronnie.agnew@mpbonline.org"/>

Station Information

Please enter your Station information:

Station Call Letters (or State Network)*	<input type="text" value="WMAH, WMAU, WMAW, WMPN, WMAO, WMAB, WI"/>
Licensee Organization (per FCC License)*	<input type="text" value="Mississippi Authority for Educational Television"/>
if other, Operating Organization	<input type="text" value="Mississippi Public Broadcasting"/>
Organization Street Address*	<input type="text" value="3825 Ridgewood Road"/>
Organization City*	<input type="text" value="Jackson"/>
Organization State and Zip Code*	<input type="text" value="Mississippi"/> <input type="text" value="39211"/>

The above named licensee organization, a member of the Public Broadcasting Service("PBS"), certifies public television broadcast station(s) operated by the organization (i) provide(s) nonsectarian, nonpolit noncommercial educational program service to the general public in the community served by the station 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 Information) including, without limitation, all financial obligations. The licensee organization acknowledges that the organization may update member policies throughout the year. Updated policies are effective upon notification to the membership following approval by the PBS Board.

Signature*	<input type="text" value="Ronnie Agnew"/>
Title*	<input type="text" value="Executive Director"/>
Date*	<input type="text" value="7/29/2014"/>

PBS Member Station Information

I. GM Contact Information

Primary PBS Contact Information (GM)*	<input type="text" value="Ronnie Agnew"/>
Email Address*	<input type="text" value="ronnie.agnew@mpbonline.org"/>
Phone Number*	<input type="text" value="601-432-6256"/>

II. Station Information

Please list your transmitter information here:

WMPN/29 Jackson, WMAH/19 Biloxi, WMAV/18 Oxford, WMAB/2 Mississippi State, WMAU/17 Bude, WMAW/14 Meridian, WMAO/23 Greenwood, WMAE/12 Booneville

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

None

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 A Good V-ME.

Channel #

Channel #1

MPB-TV

Identify your Primary PBS Channel:

Primary PBS Channel

MPB-TV

B. Cable/Satellite/FIOS/Mobile/Other

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

None