

Member Certification Form

FY 2014 Membership Certification

Status: APPROVED

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*	Matt Franklin
E-Mail Address*	mfranklin@lakeshorepublicmedia.org

Station Information

Please enter your Station information:

Station Call Letters (or State Network)*	WYIN
Licensee Organization (per FCC License)* if other, Operating Organization	Northwest Indiana Public Broadcasting, Inc.
Organization Street Address*	8625 Indiana Place
Organization City*	Merrillville
Organization State and Zip Code*	Indiana 46410

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*	Matt Franklin
Title*	V.P. of Television Operations
Date*	7/12/2013

PBS Member Station Information

I. GM Contact Information

Primary PBS Contact Information (GM)*	James Muhammad
Email Address*	jmuhammad@lakeshorepublicmedia.org
Phone Number*	219-756-5656 x 303

II. Station Information

Please list your transmitter information here:

WYIN/Merrillville

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...):

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 and V-ME.

Channel

Channel #	Lakeshore Kids (children
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Identify your Primary PBS Channels

Primary PBS Channel	Lakeshore Public Televison
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B. Cable/Satelite/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)

None

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).