

SYSTEMWIDE
MANAGEMENT

MEMBER CERTIFICATION FORM

MEMBERSHIP
CERTIFICATION

FY 2014 Membership Certification

Your form has been Submitted. Return to the Tool Homepage to access your forms.

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*	Nancy Dobbs
E-Mail Address*	nancy_dobbs@krcb.org

Station Information

Please enter your Station information:

Station Call Letters (or State Network)*	KRCB
Licensee Organization (per FCC License)*	Rural California Broadcasting Corporation
if other, Operating Organization	
Organization Street Address*	5850 Labath Avenue
Organization City*	Robinet Park
Organization State and Zip Code*	California 94928

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*	Nancy Dobbs
Title*	Pres & CEO
Date*	7/9/2013

PBS Member Station Information

I. GM Contact Information

Primary PBS Contact Information (GM)*	Nancy Dobbs
Email Address*	nancy_dobbs@krcb.org
Phone Number*	707 584 2000

II. Station Information

Please list your transmitter information here:

no changes

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

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 # 1	PBS

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