

SYSTEMWIDE
MANAGEMENT

MEMBER CERTIFICATION FORM

MEMBERSHIP
CERTIFICATION

FY 2013 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*	<input type="text" value="Nancy Dobbs"/>
E-Mail Address*	<input type="text" value="nancy_dobbs@krcb.org"/>

Station Information

Please enter your Station information:

Station Call Letters (or State Network)*	<input type="text" value="KRCB"/>
Licensee Organization (per FCC License)*	<input type="text" value="Rural California Broadcasting Corporation"/>
if other, Operating Organization	<input type="text"/>
Organization Street Address*	<input type="text" value="5850 Labath Avenue"/>
Organization City*	<input type="text" value="Rohnert Park"/>
Organization State and Zip Code*	<input type="text" value="California"/> <input type="text" value="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 comply 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 limitations all financial obligations.

The licensee organization understands that this certification is a condition of its membership in PBS.

Signature*	<input type="text" value="Nancy Dobbs"/>
Title*	<input type="text" value="President & CEO"/>
Date*	<input type="text" value="7/19/2012"/>

PBS Member Station Information

I. GM Contact Information

Primary PBS Contact Information (GM)*	<input type="text" value="Nancy Dobbs"/>
Email Address*	<input type="text" value="Nancy_Dobbs@krcb.org"/>
Phone Number*	<input type="text" value="707-584-2000"/>

II. Station Information

Please list your transmitter information here:

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...):

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

primary PBS channel

Channel #2

Create

Channel #3

KRCB FM

Identify your Primary PBS Channel:

Primary PBS Channel

Channel 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)

None

[Home](#) | [Terms of Use](#) |

All contents copyright 2012 PBS or respective owners — All rights reserved
PBS Connect @. Simplified.