



**GEORGIA PUBLIC BROADCASTING**

**NETWORK AFFILIATION AGREEMENT  
PBS  
FY2014**

# 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*	<input type="text" value="Bob Olive"/>
E-Mail Address*	<input type="text" value="boolive@gpb.org"/>

#### Station Information

Please enter your Station information:

Station Call Letters (or State Network)*	<input type="text" value="Georgia Public Broadcasting"/>
Licensee Organization (per FCC License)*	<input type="text" value="Georgia Public Telecommunications Commission"/>
if other, Operating Organization	<input type="text"/>
Organization Street Address*	<input type="text" value="260 14th Street NW"/>
Organization City*	<input type="text" value="Atlanta"/>
Organization State and Zip Code*	<input type="text" value="Georgia"/> <input type="text" value="30318"/>

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*	<input type="text" value="Robert M. Olive"/>
Title*	<input type="text" value="Chief Operating Officer"/>
Date*	<input type="text" value="7/15/2013"/>

#### PBS Member Station Information

##### I. GM Contact Information

Primary PBS Contact Information (GM)*	<input type="text" value="Teya Ryan"/>
Email Address*	<input type="text" value="tryan@gpb.org"/>
Phone Number*	<input type="text" value="404-685-2415"/>

##### 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

**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

GPB Knowledge (World)

Channel #2

GPB Kids (Children & Parents)

Identify your Primary PBS Channel:

Primary PBS Channel

GPB HD

**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)

Education programming via the web

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