

PSA FORM

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

IRS Tax-Exemption Number: _____

List Names of members or officers:

President: _____

Vice-President: _____

Secretary/Treasurer: _____

Public Service/Media Director: _____

Others: _____

Please attach your typewritten PSA or specify the PSA information below:

Certification:

I have read and understand the PSA policies of WROX Radio and hereby certify that all PSA time utilized by my organization will be strictly of a non-commercial nature, and that no reference will be made to any lottery or other related activity. I further certify that my organization does not conduct any paid advertising in any other media.

Signed by: _____

Title: _____ Date: _____