



GOLDEN VALLEY COMMUNITY BROADCASTERS

KZFR 90.1 FM

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http://www.kzfr.org

APPLICATION FOR BROADCAST PERMIT

Please fill this application out thoroughly and legibly. Use extra paper if needed. Please return to the KZFR office (use mail slot in door if office closed).

DATE:
NAME:
Address: City: Zip:
PHONE: (home) (work) (cell)
EMAIL:

REASONS FOR YOUR INTEREST IN KZFR

Three horizontal lines for text entry.

HOW DO YOU SEE YOUR FUTURE AT KZFR?

Three horizontal lines for text entry.

WHAT DOES BEING A VOLUNTEER MEAN TO YOU?

Two horizontal lines for text entry.

Please list three professional references:

Name: Title: Phone:
Name: Title: Phone:
Name: Title: Phone:

PLEASE NOTE ANY RELATED EXPERIENCE:

Two horizontal lines for text entry.