



APPLICATION FORM

(click in blank fields to begin typing)

Mr. Mrs. Ms.

Name: _____

Home Address: _____

City Province Postal Code

Telephone E-Mail Address

Please provide maiden surname or surname when you entered broadcasting if different from above: _____

Nickname, if generally used in industry relationship: _____

Membership Certificate - Indicate below how you would wish your name to appear on your half century certificate

1. Date of first employment in broadcasting industry _____

2. Name(s) of Manager and/or other executives at company which first employed you

(over)

3. Please write a brief (200 words or less) autobiography of your career achievements beginning with your first employment. Remember to include the year, company, city and your title for each position held. You may include part-time employment and active military service, as well as any awards and relevant outside activities (e.g. Service Clubs, Community and Governmental activities, hobbies, decorations, broadcasting associations, etc.) and any family members engaged in broadcasting or broadcasting related work.

Your biography will be referenced during the induction ceremony. It will also appear in a handout for those attending and will be posted on our website. For examples from previous years, please visit: <http://www.cab-acr.ca/english/about/awards/qcc-hcc/default.shtm>.

(click below to begin typing or attach a separate document)

4. How many years were you employed by a broadcasting station or a broadcast-related business? (including years interrupted by active military service)

5. Who is your current employer and what position/title do you hold (if applicable):

Station or Company

Position

Telephone

Fax

6. If you retired from a broadcasting station or a broadcast-related activity, please provide date (year) and reason:

7. Other than retirement, when did you leave the broadcasting field and for what reason?

8. After leaving broadcasting, for how many years have you been employed in a non-broadcast-related business? _____

9. Your birthplace _____

Birthdate _____

Signature

Date

The information requested on this form is collected and retained for the purpose of identifying and recognizing HCC members. A summary of the information will be included in the CAB's List of Inductees. If you have any questions about the information requested on this form, please contact: Monique Henri at mhenri@cab-acr.ca or at (613)233-4035 ext. 333.