



JIM MANNING SOCIETY APPLICATION

*It is recommended you plan wisely to ensure your application arrives prior to the deadline. Late entries will NOT be accepted. **This application form must be received on or before May 23, 2024.** You are encouraged to utilize USPS "Certified and Return Receipt" or via FedEx.*

*Chris Siders
Nichole Christensen CPA PLLC
1040 Partridge Place, #2
Helena, MT 59602*

Please print or type

Name of Applicant: _____

Station(s)/Market(s): _____

Station Mailing Address: _____

Station Phone Number: _____

The following are the eligibility requirements for membership in the Manning Society. Please check the boxes indicating compliance by the applicant.

I was employed as a full-time local advertising sales representative at the above station(s) for the entire calendar year of 2023.

During 2023 I was not in a management position at this station.

My total "billing" to local advertisers during the year 2023 was more than:

\$120,000, single radio station

\$150,000, two radio stations

\$180,000, three radio stations

\$210,000, four or more radio stations

\$175,000 / \$250,000 television stations (see rules for appropriate market category)

TOTAL BILLING AMOUNT **LOCAL DIRECT** \$ _____

Total billing for Television Local Direct and Local Digital only \$ _____

I have met all the above requirements and hereby apply for membership in the Jim Manning Society.

I have been a member of the Manning Society for _____ consecutive years. (optional)

Signature of Applicant _____ Date _____

SALESPEOPLE OF THE YEAR--Please check the following criteria for eligibility.

I was inducted into the JMS in 2022 and again qualify in 2023 based on my sales record.

I am currently employed at a Montana station and, to the best of my knowledge, will be at the time the awards are presented in September.

I am including a letter of certification from the station bookkeeper/comptroller verifying the data and the method used to calculate it.

Signature of Applicant: _____ Date: _____

I certify that I represent the applicant in the capacity indicated below and that I have examined the above requirements, and that the applicant is in compliance with the requirements to the best of my knowledge and belief.

Station General Manager: _____

Station Bookkeeper: _____

Station Sales Manager: _____

(Signature)

(Date)