

Canadian Broadcast Standards Council Conseil canadien des normes de la radiotélévision

ASSOCIATION AGREEMENT

Date	Title of authorized representative
Signature of authorized representative of Company	Name of authorized Representative (please print)
We absolve the Council and its directors decisions of the Council.	of any legal liability arising from the activities or
,	il in the review of complaints and comply with an announcement of any decision in favour of a against our station.
·	satisfied with our response to their complaint or he Council and we will explain the appropriate
loggers and other relevant materials,	ever a complaint is received by retaining program by responding to all complaints directly and eal with each complaint to the complainant's
Council, as these have been interpreted agrees to abide by the association obligat use of public service announcements, re	andards set out in the Codes administered by the in the Council's jurisprudence. Our station also ions laid down in the CBSC Manual. Through the un as prescribed in the Manual, we commit to icil and its standards, our association and the vish to express their points of view.
	t Standards Council, and as such is committed to an associate of the Council we ensure that our mmunity.
(radio/TV station call letters or discretionary TV ser	vice name)



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CBSC Associate Registration Form

Station Information

Please choose the relevant box and fill in the details about the station.

Radio Station Call Letters	Frequency	AM \Box or FM \Box
Branded Name		-
Over-the-Air Television Station	<u>on</u>	
Branded Name		-
<u>Discretionary Television Stat</u>	<u>ion</u>	
Name		
Station Website URL		
Corporate Owner/Parent Compa		
Station Contact Info		
Station Address		
Street Address or PO Box		
City/Town	Province	
Postal Code		
Telephone	_	
Corporate Head Office Address (
Street Address		
City/Town	Province	
Postal Code		
Telephone		



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Contacts

Primary Contact
This person is responsible for coordinating the station's response to the complaint and interacting with
the CBSC.
Name
Title
Email Address
Telephone Number
Secondary Contact
The CBSC requires at least 2 people to be copied on all CBSC correspondence.
Name
Title
Email Address
Telephone Number
Logger Contact
This person is responsible for ensuring that official logger copies of the program are saved pursuant to
CBSC requests. This person can be one of the 2 contacts listed above, if desired.
Name
Title
Email Address

List the names, titles & email addresses of anyone else who should be copied on CBSC complaints.

Telephone Number _____

List the names, titles & email addresses of anyone else who would like to receive CBSC media releases, fact sheets, etc. (Anyone already listed above will be added to this CBSC distribution list, unless otherwise requested.)