



NCSA Partnership
AFFIDAVIT FORM

Station Calls: _____ Station Mailing Address: _____

- Radio
- TV

Traffic Contact: _____ Traffic Phone & E-mail: _____
General Manger: _____ GM Phone & Email: _____

Month that spots aired: _____
Average spot value rate: _____

Please write the name of client and total number of times the NCSA spots aired:

Name of ABA NCSA Spot: _____ # Times Spot Aired: _____
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Name of ABA NCSA Spot: _____ # Times Spot Aired: _____

Please send in this affidavit form by the 10th day of the following month from the time the spots ran. Thank you.

This report was prepared by: _____
at station _____ in the city of _____

Email: ncsa@arkbroadcasters.org
Fax: 501-223-9798

Please call the ABA office at 501-227-7564 or email ncsa@arkbroadcasters.org with questions.