



Philadelphia Association of Black Journalists Membership Application

Please print and send completed application with check to:

PABJ Membership
P.O. Box 8232
Philadelphia, PA 19101

Please check: New Member Renewal
 Full (\$40) Associate (\$35) Student (\$20)

Full Member: Working journalists, i.e., those individuals in the broadcast and print media whose principal function(s) is the gathering and dissemination of news. This category includes reporters, editors, newsroom managers, news producers, camera persons, photographers, columnists, editorial writers, new media journalists, news artists and cartoonists. Freelance journalists who derive a majority of their income from freelancing.

Associate Member: Persons employed in a media-related profession, college or university professors, those who have worked and left the journalism field and those who do not qualify for full membership.

Student Member: Persons who are currently full-time students at an accredited college or university who are either majoring in print or broadcast journalism or have expressed an interest in pursuing a journalism career.

Your business contact information will be listed in the PABJ membership directory:

| | | |
|-----------------------------|-------------------|-----|
| Name | Years in Business | |
| Business/School Affiliation | Position | |
| Business Address | | |
| City | State | Zip |
| Work Phone | Work E-mail | |
| Job Responsibilities | | |
| Home Address | | |
| City | State | Zip |
| Home Phone | Home E-mail | |

What committee(s) would you like to participate on?:

- Bylaws Media Monitoring Scholarship Community Outreach
 Media Monitoring Membership Web site Finance/Fund raising
 Programs _____ Other Interest

PLEASE NOTE:

- Membership dues are good from January to December. Dues paid after Nov. 15 carry over to the following year.
- Announcements will be sent regularly to your business e-mail (unless you indicate otherwise). Please make sure all e-mail addresses are legible and are working.

For Office Use Only: Check # _____ Amount _____ Date Received ____/____/____