



# JOURNALISM DEPARTMENT/SCHOOL MEMBERSHIP APPLICATION

Date of Application: \_\_\_\_\_

Name of School: \_\_\_\_\_

Department Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Main Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Department /School Email Address: \_\_\_\_\_

Department Chair Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Department Phone: \_\_\_\_\_ Department Fax: \_\_\_\_\_  
*(if different from above)*

Key Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

**ANNUAL DUES: \$125**

*No payment is necessary at this time.*

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please mail or fax this application to the address below.

For question, contact **Mary Firestone**, Manager Member Services & Meetings, at (717) 703-3069 or maryf@pa-news.org.