



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 questions, contact communications@pa-news.org.