

Indianapolis Association of Black Journalists Membership Application

Type of Membership (Check	k One):	
() PROFESSIONAL (Working Journalists/Full	l-Time Freelance Journalists/Journo	Teachers/Media-Related Professionals)
		majoring in print/broadcast journalism; or sity has no print/broadcast curriculum.)
Application Date:		
Membership Information:		
NAME:		
Birthdate (Year Optional): _		
HOME Address:		
City:	State:	Zip:
Phone:	Cell:	
Email:		
WORK		
Job Title:		
Address:		
City:	State:	Zip:
Phone:	Fax:	

Preferred E-Mail Ad	dress (Check Or	ne):	() Hor	ne	() Work	
OCCUPATION (C	heck One):					
() Print() Advertising	() Television () Marketing	n () Radio) Public Rela	tions	() Internet() Other (specify)	
If Other, Specify: _						
STUDENT MEMB	ERSHIP INFO	RMATIO	ON			
College/University:						
Major:						
Year/Classification (Freshman-Senio	or/Underg	rad or Graduat	re):		
MEMBERSHIP DU	JES (Make cho	ecks paya	able to IABJ)			
() \$35 Professional (includes a one-time \$5 administrative fee renewals without lapse for members who are also members of NABJ: \$30.)						
Circle O	ne: Cash	Check 1	Money Order	Check/MO #	<u>.</u>	
() \$15 Stud	dent					
Circle O	ne: Cash	Check 1	Money Order	Check/MO #	<u>.</u>	
MAILING ADDRE	'SS•					

IABJ P.O. Box 441795 Indianapolis, IN 46244-1725