



# CHICAGO ASSOCIATION OF BLACK JOURNALISTS

An Independent Association of 21st Century Media Professionals

## Membership Application

Applying for: New Membership \_\_\_\_\_ Renewal \_\_\_\_\_ Change of Address \_\_\_\_\_

### Membership Categories:

**Full Members:** Full-time working journalists, Full-time Freelancers, who receive a majority of their income from freelancing. College and university journalism professors or educators who have at least five years newsroom experience prior to joining academia. The medium can be Newspaper, Television, Radio, Wire Services, Magazine or Electronic Media (For example, you must be working in the capacity as a reporter, editor, photographer, producer, director, video-tape editor, talk show host or media management.)

**Associate Members:** Part-time Freelancers with full time jobs in other fields, public relations professionals and all media-related fields. Journalism professors who have less than five years of newsroom experience prior to joining academia.

**Affiliate Members:** Any other persons committed to the goals and purposes of CABJ.

**Student Members:** Full-time students at an accredited graduate school, college or high school. Course study must be in the area of the communication field, preferably journalism.

**Dues:** Full, Associate and Affiliate Categories—\$25; Student— \$15

NAME \_\_\_\_\_

### STUDENT INFORMATION

HOME ADDRESS \_\_\_\_\_

SCHOOL: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### TELEPHONE NUMBERS AND E-MAIL:

WORK: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

HOME: \_\_\_\_\_

ADVISOR \_\_\_\_\_ MAJOR \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADUATION DATE: \_\_\_\_\_

PAGER/CELL: \_\_\_\_\_

CHECK ONE: FR \_\_\_\_\_ SO \_\_\_\_\_ JR \_\_\_\_\_ SR \_\_\_\_\_ GRAD \_\_\_\_\_

FAX: \_\_\_\_\_

### PLEASE SEND MAIL TO MY:

E-MAIL: \_\_\_\_\_

HOME \_\_\_\_\_ OFFICE \_\_\_\_\_ SCHOOL \_\_\_\_\_

I WOULD LIKE TO RECEIVE NOTICES VIA E-MAIL \_\_\_\_\_

### PROFESSIONAL INFORMATION

PLACE OF EMPLOYMENT/BUSINESS: \_\_\_\_\_

TITLE: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

WORK E-MAIL: \_\_\_\_\_

Please make checks payable to:  
Chicago Association of Black Journalists  
then mail application to:

CABJ  
C/o Membership Committee  
P.O. Box 11425  
Chicago, IL 60611

Today's Date \_\_\_\_\_

Thank you for your application!

CABJ is a 501(c)(16) Non-Profit Corporation