Membership application

| Name — | | | | |
|---|------------------------|----------------------------|---|--|
| First | Middle Initial | Last | Nickname | |
| Job title | | Have you ever been a | member of ASNE? | |
| Name of organization ———————————————————————————————————— | | Weekday circulation — | | |
| Organization mailing address | s — | | | |
| Office phone — | Fax | E-mail | | |
| What percentage of your wo | ork time is devoted st | trictly to news or editor | ial matters? | |
| | | | areas of responsibility, numberits relationship to a daily ne | |
| | | | | |
| What else do you do for you | r organization? | | | |
| | | | | |
| What is the job title of your | immediate superviso | or? | | |
| List your previous news expe | erience | | | |
| Organization | Position | n I | Employment dates | |
| | | | | |
| | | | | |
| | | | | |
| The applicant agrees that, if member's job responsibilities cant also pledges to adhere t | s change so that he o | or she is no longer eligil | e given to the Secretary if the ole for membership. The appl | |
| Applicant's signature | | Date _ | | |
| Print and mail to: Chris Scl | hmitt, ASNE, 11690 | OB Sunrise Valley Driv | e, Reston VA 20191-1409 | |