



# MEMBERSHIP APPLICATION

Name: \_\_\_\_\_ Have you ever been a member of ASNE? \_\_\_\_\_  
First Middle Last Nickname

Job title: \_\_\_\_\_

Organization: \_\_\_\_\_

Organization address: \_\_\_\_\_

City State/Province Zip Country

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

E-mail: \_\_\_\_\_ Web site: \_\_\_\_\_

**What is the primary function of your organization?**

- Newspaper/Web site
- News service
- Accredited journalism school
- Foundation/training center
- Other (please specify): \_\_\_\_\_

**Please list any others from your organization who are currently members of ASNE:**

\_\_\_\_\_

What portion of your work time is devoted to news/editorial matters? \_\_\_\_\_ %

Please describe how your duties relate to news/editorial leadership, including the number of people you supervise:

Please describe any other duties performed for your organization:

What is the job title of your immediate supervisor? \_\_\_\_\_

**List your previous journalism experience (or attach a bio or resumé):**

Organization	Position	Employment Dates

*The applicant agrees that, if elected a member of ASNE, notice shall be given to ASNE if the member's job changes. The applicant also pledges to adhere to ASNE's bylaws.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed application to:  
**ASNE, 11690B Sunrise Valley Dr., Reston VA 20191**  
Phone: 703-453-1122 Fax: 703-453-1133 E-mail: asne@asne.org