

**SABJ MEMBERSHIP APPLICATION**

Complete and mail to:  
**SABJ**  
**P.O. Box 28730**  
**Seattle, WA 98118**

**FOR OFFICE USE ONLY**  
Date Received  
Check #  
Membership #

**Full Membership - (Voting)**

Full-time journalists who are reporters, news editors, photojournalists and newsroom managers employed by print, broadcast or Internet entities that produce, gather, disseminate and distribute the news; freelance/part-time journalists who work regularly for print, broadcast and Internet news groups.

**Associate Member - (Non-voting)**

Individuals who are former, part-time or freelance journalists, journalism instructors and lecturers, agency and corporate public-relations professionals, public-information officers working for a government entity, advertising professionals and others who work for a media-related organization. (An application for associate membership is subject to approval by the membership committee and board of directors.)

**Student Member - (Non-voting)**

Individuals who are full-time students studying journalism at an accredited college or university.

**New Membership**       **Renewal Member since (Yr.) \_\_\_\_\_**

**\$50 Full and Associate Membership**       **\$25 Students**

**“Financial ability is not an obstacle to membership. Financial assistance available.”**

**Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_**

**Business Affiliation \_\_\_\_\_**

**Business Address \_\_\_\_\_**

**Position/Title \_\_\_\_\_**

**Job responsibilities \_\_\_\_\_**

**Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Fax \_\_\_\_\_**

**E-mail Address \_\_\_\_\_**

**Home Address \_\_\_\_\_**

**City/State/Zip \_\_\_\_\_**

**Recruited by \_\_\_\_\_**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

Membership Directory

Yes, include my business contact information ONLY

No, I do not want to be listed.

**Make checks payable to:  
Seattle Association of Black Journalists**