Society of Professional Journalists

California State University, Fullerton, chapter

Membership Application

First Name M.I. Last Name

Today's Date: _____

Home/Permanent Address

Street Apt. No.

City

State ZIP Code

Home Phone e-mail

Local Chapter Affiliation

California State University, Fullerton
Department of Communications
P.O. Box 6846, Fullerton, CA 92834-6846

Graduation Date: _____

Student Dues Summary

1 Year $40 ☐ 2 Years $80 ☐

Total Payment: _____

Method of Payment

☐ Money Order ☐ Check _____ Check Number

☐ Credit Card

☐ VISA ☐ MasterCard ☐ American Express

Card Number: _____

Signature (Required) Expiration Date (Required)

Mail application to:
3909 N. Meridan St.
Indianapolis, IN
46208

fax: 317-920-4789

Or give application to:
Professor Tom Clanin
College Park 650-27

More information:
spj-csuf@fullerton.edu
or Tom Clanin:
tclanin@fullerton.edu
714-278-5305