

**Central Florida Association
of Black Journalists**

P.O. Box 745
Orlando, FL 32801-0745

Membership Application

New Member Renewal

Name _____ Date of birth _____

Company/School _____

Title/Year in School _____

Mailing address Please check one: Home _____ Work _____
(Note: Information supplied below will be published in the CFABJ membership directory.)

Street _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____

Cell phone _____ Fax number _____

E-mail _____ Pager _____

Membership category Please check one:

- \$40 Professional (News media employees, PR representatives, journalism professors, freelancers)
- \$25 Affiliate (Community members who wish to support CFABJ)
- \$15 Student (College students pursuing journalism as a career)

Payment Please check one:

- Cash Check Credit card (Visa _____ an Express)
- Account # _____
- Expiration _____
- Billing address _____

NOT AVAILABLE

Recruited by _____ Date _____

Freelancers (Please indicate where your work has been published)

Students (Please list career interests and any internship experiences)

Mail form with payment to CFABJ, Attn: Treasurer, P.O. Box 745, Orlando, FL 32802