

**Central Florida Association
of Black Journalists**

P.O. Box 1745
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, Master Charge, American Express)

Account number _____

Expiration date _____

Billing address _____

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 1745, Orlando, FL 32802