



**Membership Application**

**Name** \_\_\_\_\_

**Employer/School** \_\_\_\_\_

**Title** \_\_\_\_\_

**Work Address (with zip code)** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

**Home Address (with zip code)** \_\_\_\_\_

**Home or Cell Phone** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

Committee areas of interest:

Fund-raising\_\_

Membership\_\_

Publicity\_\_

Scholarship\_\_

Student activities\_\_

Writing contest\_\_

Type of member:

Journalist: \$25 – professional journalists

Communications: \$25 – educators, public relations and professionals in related fields

Student: \$10 – currently enrolled in high school or college

Date \_\_\_\_\_ Check # \_\_\_\_\_ Money Order # \_\_\_\_\_ Cash \_\_\_\_\_

**Please make check payable to SAAHJ. Send check and completed form to:**

**SAAHJ Membership  
P.O. Box 120334  
San Antonio, TX 78212**

