



# 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

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

Fax: 317-920-4789

**Or give application to:**  
Professor Brent Foster  
College Park, 460-22

**Local Chapter Affiliation:**

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

**More information:**  
Brent Foster:  
bfoster@fullerton.edu

Graduation Date: \_\_\_\_\_

**Student Dues Summary**

1 Year	2 Year
\$40 <input type="checkbox"/>	\$80 <input type="checkbox"/>

Total Paymet: \_\_\_\_\_

**Method of Payment**

Money Order  Check: \_\_\_\_\_  
Check Number

Credit Card  
 VISA  MasterCard  American Express

Card Name: \_\_\_\_\_

\_\_\_\_\_  
Signature (Required) Expiration Date (Required)