



## PERSONAL MEMBERSHIP APPLICATION

Non-voting membership

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

### **Applicant Information (AS IT WILL APPEAR IN MEMBERSHIP DATABASE)**

Name of Applicant \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Current Occupation & Company \_\_\_\_\_

*In the space provided below, please give background information regarding your involvement and interest in newspapers. Include your reason for wanting to become a member of IPA.*

### **Dues Payment**

Personal Membership is \$50.00 per calendar year. On IPA President & CEO approval, a dues invoice will be sent out. Upon receipt of payment, new member will be notified of active status and receive new member information.

### **Please send application to:**

Illinois Press Association · 2501 Chatham Rd., Suite 200 · Springfield, IL 62704 or email to [membership@illinoispress.org](mailto:membership@illinoispress.org)

### **Suspend/Expel membership**

The Association reserves the right to suspend or expel a member for behavior contrary to its By-Laws as determined by the Board of Directors.