



MISSOURI PRESS FOUNDATION

Membership Application

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMPLOYER _____ OCCUPATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME NUMBER _____ WORK NUMBER _____

OTHER NUMBER _____ EMAIL _____

What is your primary reason for wanting to be a member of the Missouri Press Foundation?

What contributions can you make to facilitate the mission of the Missouri Press Foundation?

What is your relationship to the newspaper industry or the Missouri Press Foundation?

If interested in additional information, please select areas of interest:

- | | |
|--|--|
| <input type="checkbox"/> Board Membership | <input type="checkbox"/> Porter Fisher Golf Tournament |
| <input type="checkbox"/> Newspapers In Education | <input type="checkbox"/> Training/Workshop Opportunities |
| <input type="checkbox"/> District Press Association Meetings | <input type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> Summer Internship Program | <input type="checkbox"/> Young Journalist of the Year |
| <input type="checkbox"/> Arrow Rock, Print Shop Museum | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Photojournalism Hall of Fame | |

APPLICANT SIGNATURE

DATE

Membership is open to any person who is an employee of any newspaper in Missouri, who is associated with teaching journalism in Missouri or who is interested in supporting the mission of the Foundation. Each request for membership shall be submitted to and must be approved by a majority vote of the Foundation Board of Directors. There is no fee for membership.

Please return completed form to:

Missouri Press Foundation
Attn: Director
802 Locust Street
Columbia, MO 65201

fax: 573-874-5894
email: mbezenek@socket.net