



NATIONAL FEDERATION OF PRESS WOMEN
APPLICATION FOR MEMBERSHIP RENEWAL

Date of Application:

State Affiliate/Chapter:

Applicant's Signature:

Please provide the following information for the NFPW Membership Directory (please type or print):

Name:

Home Address:

Home City/State/Zip:

Home Telephone:

Home E-Mail Address:

Business Name:

Job Title and Description:

Business Address:

Business City/State/Zip:

Business Telephone:

Fax Number:

Business E-Mail Address:

Please send all correspondence to: Home Address [] Business Address []

- Professional Member \$73.00 national, plus state dues
Student Member \$20.00 national, plus state dues (limited-time offer)
Retired Member \$20.00 national, plus state dues
At-Large Member - If there is no affiliate in your state, you can become an At-Large Member by paying national dues only.

Payment by check:

Please mail application with check for national dues, plus \$ state affiliate dues (see dues chart on our website (nfpw.org) or call 800-780-2715 for the correct state affiliate dues).

Mail form & payment to:

National Federation of Press Women, Inc., Membership Dept., P. O. Box 34798, Alexandria, VA 22334-0798.

Payment by credit card:

Please complete the following and mail application to the address above or fax to (703) 237-9808.

I authorize NFPW to charge my credit card in the amount of \$.
MasterCard [] Visa [] American Express []

Card No.: Expiration date:

Card Holder's Name & Signature: _____

Questions? Call (800) 780-2715 or e-mail presswomen@aol.com