



National Federation of Press Women



ILLINOIS WOMAN'S PRESS ASSOCIATION

2009-10 MEMBERSHIP APPLICATION

Date of Application: _____ State Affiliate/Chapter: _____

Name of Sponsor (optional): _____ Applicant's Signature: _____

How did you learn about NFPW? NFPW member referral Website Other _____

Who referred you? _____

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

Name: _____

Home Address/City/State/Zip: _____

Home Phone: _____ Home E-Mail Address: _____

Company Name: _____

Job Title and Description: _____

Business Address/City/State/ZIP: _____

Business Phone: _____ Fax Number: _____

Office E-Mail Address: _____

Where do you want to receive mail? Home Work Where do you want to receive e-mail? Home Work

***Please submit (2) samples of your work for consideration and review by the Executive Board of IWPA and attach to this form.**

Take advantage of fall special. For those joining in September or later, your dues cover the rest of 2009 and all of 2010.

- Professional Member**
\$98.00 (\$73.00 national, plus \$25 state dues)
- Student Member**
\$35.00 (\$20.00 national, plus \$15 state dues)
- Retired Member**
\$35.00 (\$20 national, plus \$15 state dues) *Restrictions apply.*

Payment by check:

Please mail application with check and work samples to Illinois Woman's Press Association, PO Box 59256, Schaumburg, IL 60159-0256.

Payment by credit card:

Please complete the following and mail application to the address above.

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 (312) 485-9151 or e-mail Membership Director Pam McKuen at 630-545.0866