

THE *W*omen's Press Club  
OF NEW YORK STATE, INC.

**MEMBERSHIP  
APPLICATION**

Name \_\_\_\_\_ Salutation  Ms.  Mrs.  Dr.  Mr.

Have you ever been a member of the Women's Press Club of NYS?  Yes  No

**Personal Information:**

Home Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred E-Mail \_\_\_\_\_ Alternate E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Communications Work -  News Media  Public Relations  Agency Communications  
 Electronic Media  Marketing  Other

If you checked Other, please describe \_\_\_\_\_

**Professional Information:**

Outlet/Organization/Business Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Business Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ Website url: \_\_\_\_\_

Briefly describe your professional responsibilities. \_\_\_\_\_

Briefly describe any other communications experience. \_\_\_\_\_

Where did you learn about the Women's Press Club of New York State? \_\_\_\_\_

Where would you like us to send your mail?  Work  Home

Date of Application \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

*For Internal Use Only - To be completed by WPCNYS*

Payment Received:  Yes /  No Payment Form:  Check, Check Number \_\_\_\_\_  Cash