



Southern California
Journalism Education Association

Membership Form

FIRST NAME _____ LAST _____

EMAIL ADDRESS _____

HOME INFORMATION:

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____

SCHOOL/ORGANIZATION INFORMATION:

SCHOOL/ORGANIZATION NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SCHOOL/ORGANIZATION PHONE _____

WHICH TYPE OF PUBLICATION DO YOU ADVISE? (CHECK ALL THAT APPLY AND PROVIDE NAME/WEBSITE):

___ NEWSPAPER _____

___ YEARBOOK _____

___ MAGAZINE _____

___ ONLINE _____

___ I AM A RETIRED ADVISER

___ I AM NOT AN ADVISER BUT WOULD LIKE TO BE A MEMBER

***Please fill this out and mail along with a \$30.00 membership check to:
SCJEA Membership c/o Greg Vieira 7705 Lotus Cir. Buena Park, CA 90620**