

MEMBER DUES REDUCTION REQUEST

Complete both sides or pages of this form.

Despite the changing media landscape, AAJA National remains committed to providing vital programs and services in tandem with its 20 AAJA chapters working diligently on the ground.

Member dues reduction is available to assist AAJA full members who were recently laid-off.

Eligibility Requirements

An AAJA member is eligible to apply for the \$35 member reduced dues for 2010, if the answer is Yes to all the following:

- Yes No I am committed to AAJA's mission.
- Yes No I have not yet renewed for the current year.
- Yes No This is my first time to request dues reduction.
- Yes No I have been laid off within the last year.
- Yes No Prior to the layoff, I have been a full member for at least 2 years.
- Yes No My recent unemployment has created a financial hardship.
- Yes No I intend to retain full member status by actively seeking employment or freelance journalistic work through the current member year.

Procedure for Applying for Dues Reduction:

Eligible applicants must

- 1) complete this form (payment must be included),
- 2) submit form to your Chapter President or designate for approval, and
- 3) work out volunteer participation with chapter or national office, where needed.

Chapters must send form to the AAJA National Office within five-business days upon receipt.

PART ONE: TO BE COMPLETED BY MEMBER

Name

- Mr.
 Ms.

First Name

Middle Initial

Last Name

FORMER EMPLOYER (MOST RECENT)

Company

Title

- Newspaper Television Other
 Magazine Online Media
 Radio School/University

Home

Address

City

State

Zip Code

Cell Phone

Home Phone

Home E-mail

Release

AAJA receives requests for our member list to disseminate journalism-related program opportunities. Would you like to be included in these mailings? Yes No

Gender

- Female Male

Ethnicity/Race

- Chinese Japanese
 Filipino Korean
 Middle Eastern _____
 Pacific Islander _____
 South Asian _____
 Southeast Asian _____
 Multiracial _____
 Asian/Pacific Islander _____
 Other (state) _____

Chapters

Choose only one chapter or the At-Large affiliation:

- Arizona Philadelphia
 Asia Portland
 Atlanta Sacramento
 Chicago San Diego
 Florida San Francisco Bay Area
 Hawai'i Seattle
 Los Angeles Texas
 Michigan Washington, D.C.
 Minnesota No chapter: At Large
 New England
 New York
 North Carolina

more

MEMBER DUES REDUCTION REQUEST

Complete both sides or pages of this form.

Professional Journalism Experience

If applicable. Include all years as a working journalist. Do not include student journalism or internship experience. The following information will help us develop programs that serve your needs.

Total years:

1-4 5-7 8-10 11-19 20+

Years by media type: *(check all that apply)*

Magazine 1-4 5-7 8-10 11-19 20+

Newspaper 1-4 5-7 8-10 11-19 20+

Online 1-4 5-7 8-10 11-19 20+

Radio 1-4 5-7 8-10 11-19 20+

Television 1-4 5-7 8-10 11-19 20+

Payment Method

\$35 Member Dues for 2010 only.

Check enclosed # _____ Payable to AAJA in U.S. dollars

Credit Card # _____

Circle one: Visa / MasterCard / American Exp.

Card Verification Number (CVN) _____

Visa and MasterCard Users: Your CVN is the 3-digit number on the back of the card, to the right of the credit card number.

American Express Users: Your CVN is the 4-digit number on the front of the card, right above the card number.

Member Verification & Payment Authorization

MEMBERSHIP IS BASED ON THE CALENDAR YEAR, January to December, regardless of when dues are received. Allow 5-10 business days for processing.

MEMBERSHIP IN AAJA is acknowledgement of AAJA's mission to encourage Asian Americans and Pacific Islanders (AAPIs) to enter the ranks of journalism, work for fair and accurate coverage of AAPIs, and increase the number of AAPI journalists and news managers in the industry.

I hereby verify that all information filled out on this application is accurate, and if applicable, I authorize AAJA to charge my credit card for membership dues at the reduced rate of \$35 for 2010 only

Signature (required)

Date

PART TWO: TO BE COMPLETED BY CHAPTER

Chapter Acknowledgement & Authorization

I hereby acknowledge the receipt of this request form and therefore authorize AAJA to permit this member dues renewal at the reduced rate of \$35 for 2010 only.

Signature of Chapter Designate

Print Name/Chapter Title

Chapter

Date

Send this form with payment to:

**AAJA Membership
1182 Market Street, Suite 320
San Francisco, CA 94102**

Phone (415) 346-2051
Fax (415) 346-6343
national@aja.org www.aja.org

NOTE: Information also subject to verification by the AAJA National Office.

INTERNAL USE ONLY

Received Date: _____ Received by Staff: _____