



NATIONAL SOCIETY of NEWSPAPER COLUMNISTS

MEMBERSHIP APPLICATION FORM

YOU MUST PRINT THIS FORM AND MAIL IT TO THE ADDRESS BELOW!!!

Annual membership dues are \$50

Please send your check, made payable to NSNC, or credit card information, along with this registration form to:

NATIONAL SOCIETY OF NEWSPAPER COLUMNISTS
P.O. Box 411532
San Francisco, California 94141

Sal.	First Name	Middle Name	Last Name
------	------------	-------------	-----------

WORK

Address			
City	State/Province		Zip Code
Work Phone ()	Fax ()		
Email Address (Note: this will be your username)		Website Address www.	
Newspaper	Newspaper's Location		

HOME

Address			
City	State/Province		Zip Code
Home Phone ()	Alternate Phone ()		
Email Address	Website Address www.		

PREFERRED MAILING ADDRESS	Work / Home
ANNUAL DUES PAYMENT: Category and payment plan	
<input type="checkbox"/> Regular: One Year Membership \$50	
<input type="checkbox"/> Lifetime \$500	
<input type="checkbox"/> Student \$35	

At times, newspapers, syndicates, students, etc. contact NSNC for a list of members who fit certain criteria. Please note: If you select "No", your name and information will not be displayed in the searchable member database located on our website.

You have permission to release my work. YES / NO

Day(s) that column appears Monthly Weekly Daily

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Type of column General Interest Humor Items Business Environmental Health

Politics Senior Religion Community Affairs Food/Cooking Sports Other _____

Other _____ Other _____

Type of columnist Salaried Newspaper Writer Syndicated Self-Syndicated Freelance

Student Other _____

PAYMENT

Application will not be accepted without payment by check or credit card.

Check

VISA

MASTERCARD

Credit Card Number

Expiration /

Billing Address

City

State/Province

Zip Code

THANK YOU FOR JOINING NSNC!!!

For more information check out our website at www.columnists.com or contact Luenna H. Kim at director@columnists.com or call (415) 722-7030