

MEMBER ASSISTANCE INITIATIVE

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.

As part of the 2009 AAJA Member Assistance Initiative, 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 \$20 member reduced dues for 2009, if the answer is Yes to all the following:

- Yes No I am committed to AAJA's mission.
- Yes No I was a full AAJA member in the last year.
- Yes No I was recently laid off within 6 months and I have not yet renewed for the current year.
- 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 Member Dues Reduction Request form (payment must be included) and,
- 2) submit form to your Chapter President or designate for approval.

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
- Magazine
- Radio
- Television
- Online Media
- School/University
- Other

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

Chapters

Choose only one chapter or the At-Large affiliation:

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

more

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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

\$20 Member Dues for 2009 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 \$20 for 2009 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 \$20 for 2009 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: _____