	PRESS CLUB IN THE UNITE	
I hereby apply for		ASSOCIATE,
		NON-RESIDENT MEMBERSHIP CARD
to held in street sould done	e, amongstry to the by I	aws of the Washington State
Full Name:	divulged in closed News	Male: Female:
		Prese Club Gard only sp long 48
Firm: was and settles chall		E PUNEDOM OF THE PRESS.
Business Address:		Phone:
Home Address:		Phone:
Birthplace:		Birthdate:
I am a Citizen of (country):	he inclient shows	
IF APPLYING FOR ACTIVE MEMBE	ERSHIP, PLEASE FILL OUT:	(Active Mamber)
Present assignment:		(Active Nember)
Type of work: Full or part-time:	Years Spe	ent in this kind of work:
Name of immediate superior:		(Associate Member)
List last four Press Assign	ments:	(Introduced By)
Published works under my nar	ne:	- Name
List other Press affiliation		airman of the Membership Counithee)
IF APPLYING FOR ASSOCIATE M		Tip fo. Assigned:
Reason for interest in the		
Public Speaking experience:	Does received (date):	
Addiviousl information fer		Po
College: Public Relations experience		Degrees:
Specific interest in co		
Other affiliations:	ide monts	
Exact Profession:		
	Children: (number of	f) Disapproved:
Civic Activities:	4	
Political or Civic offices	held and dates:	bort, Magnington State Prets Clab
Note to applicant: The for	mer imitiation for has ?	mon usived metal September 21, 195h
I realize that the informat	ion on this application	will be held in confidence by
the Application Committee.	Corence Committee will be	Conferences. Application for siven serious consideration when serious consideration when serious and your interest. Please
I understand I will be noti		
	(Signature)	

Name:

I hereby agree to pay my dues on time; to abide by the laws of the organization and to conduct myself in proper manner or tender my membership card.

I understand the Washington State Press Club is a non-partisan organization, comprised of the many news media yet free of bias one against the other; I pledge to hold in strict confidence, according to the by-laws of the Washington State Press Club, all information divulged in closed News Conference Hearings; I am cognizant of the fact a nation exists on the transmission of communication: there, I shall agree to possess a Washington State Press Club Card only so long as my speech and actions shall uphold the RICHT AND THE FREEDOM OF THE PRESS.

(Chairman ate Received: Membership N otification Date of Acceptance: embership card issued and Dues received (date): dditional Information Pertinent To Applicant:	(Active Member) (Associate Member) (Introduced By) n of the Membership Committee
ate Received: Otification Date of Acceptance: Embership card issued and Dues received (date):	(Introduced By)
ate Received: Otification Date of Acceptance: Embership card issued and Dues received (date):	
ate Received: Otification Date of Acceptance: Embership card issued and Dues received (date):	n of the Membership Committee
otification Date of Acceptance: embership card issued and Dues received (date):	
Any assistance rendered to Press: Past assistance rendered to WSPC: Specific interest in committees of the WSPC: Any outstanding accomplishment:	

Note to Applicant: The former initiation fee has been waived until September 21, 1954. Associate Membership dues are \$20.00 annually, to be paid in person upon notification of acceptance, and in return for membership card. An Associate Card entitles bearer to freedom of the premises. It entitles you to bring guests, to dine, to utilize the bar, to attend all parties and to attend the News Conferences. Application for membership on the News Conference Committee will be given serious consideration when vacancies arise. Meanwhile, they welcome your suggestions and your interest. Please inquire about other committees.