

# Society for Collegiate Journalists - Initiation Report

Name of School: \_\_\_\_\_

State: \_\_\_\_\_

Date of initiation: \_\_\_\_\_

Please type or print in ink the name exactly how you want it to appear on the certificate of membership. This form must be received two to three weeks before the initiation in order for pins, certificates of membership, and press cards to be processed and returned in time for the ceremony. All reports must be signed by a chapter officer or adviser. Each chapter should make a duplicate copy of all initiation forms for chapter records. The originals will be retained by the National Office at the address below. Report forms must be accompanied by all initiation fees before membership materials will be issued. Please send one single institutional check for all initiation reports submitted at one time; indicate the school and number of new members. The **thirty dollar (\$30)** initiation fee is for a lifetime membership. Most initiates apply for ACTIVE membership, however if a chapter would like to bestow HONORARY membership on someone who does not seem to fit in the active category the form is the same.

This is to certify that

\_\_\_\_\_  
First Name Middle Name Last Name

was initiated as an (Active or Honorary) member of this society on \_\_\_\_\_  
circle one Date of Initiation (please return this form and \$30 to National Office at least 2 weeks prior to initiation ceremony)

Home or Permanent Address:

\_\_\_\_\_  
Street and Number City State ZIP

College Address:

\_\_\_\_\_  
Street and Number City State ZIP

Email Address: \_\_\_\_\_

Born

\_\_\_\_\_  
Month Day Year City State

The new member is part of the Graduating Class of \_\_\_\_\_

and is a Candidate for the following degree \_\_\_\_\_

List Publications/Media Service (Staff and Years) \_\_\_\_\_

If an Honorary Member, include info about business affiliation and degrees completed:

Business

\_\_\_\_\_  
Occupation Street and Number City State ZIP

Degrees Completed \_\_\_\_\_

**As adviser or president I certify the above to be correct and request that membership be recorded.**

\_\_\_\_\_  
Signature and Title of Certifying Chapter Officer

\_\_\_\_\_ and \_\_\_\_\_  
Chapter Adviser's Phone Number Chapter Adviser's Email

Mail Completed Forms to:  
Dr. Mary Beth Earnhardt  
The Society for Collegiate Journalists  
DeBartolo Hall  
Youngstown State University  
1 University Plaza  
Youngstown, OH 44555

Phone: 330-941-1517 | Fax 330-941-2304  
E-mail: mearnhardt@ysu.edu  
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