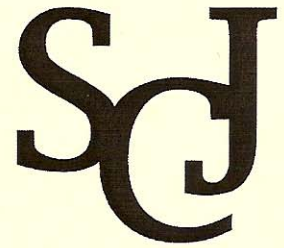


**Society for Collegiate Journalists**  
National Honorary Society of Collegiate  
Mass Communications



**Initiation Report**

Name of School	State	Date of Initiation
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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 one to two 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 advisor. Each chapter should make a duplicate copy of all initiation forms for their 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.**

This is to certify that \_\_\_\_\_  
First Name Middle Name Last Name

was initiated as an \_\_\_\_\_ Member of this society on \_\_\_\_\_  
Active or Honorary Date

Home or Permanent Address \_\_\_\_\_  
Street and Number City State Zip

Born \_\_\_\_\_  
Month Day Year City State Zip

College Address \_\_\_\_\_  
Street and Number City State Zip

Is a Member of the Graduating Class of \_\_\_\_\_ And a Candidate for the following degree \_\_\_\_\_

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

**If an Honorary Member, Include the Following:**

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

Business Address \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Mail completed forms to:

**Dr. Bill Ruehlmann**  
 Society for Collegiate Journalists  
 Communications Department  
 Virginia Wesleyan College  
 1584 Wesleyan Drive  
 Norfolk, VA 23502-5599  
 Phone: 757-455-3419  
 Fax: 757-461-5025  
 E-mail: [wjruehlmann@vwc.edu](mailto:wjruehlmann@vwc.edu) 01/06

**I certify the above to be correct and request that membership be recorded**

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

\_\_\_\_\_  
 Chapter Advisor's Name and Phone Number