



Membership renewal or Application

Name _____

Title _____ Employer _____

Work Address _____

Work Phone _____

Home Address _____

Home Phone _____

Please send mail to work home Spouse's name _____

Qualifications (in relation to membership classification): _____

Committees (check all interested in) Awards Awards Banquet Scholarship
 Fundraising Social Events Bylaws Nominating Newsletter
 High School Journalism Awards High School Bootcamp
 Bench-Bar-Media Other _____

Membership year: January 1-December 31

Complete membership details at sfppc.blogspot.com/2004/07/how-to-join-press-club

New Member Renewal Membership

Membership type: Active \$35 Couples \$50 Retired \$20 Student \$15
501(c)(6) business expense

Optional donation of \$_____ to the Scholarship Fund, a 501(c)(3) tax deductible.

\$_____ Total enclosed. Make Check payable to: San Francisco Peninsula Press Club

Mail to: San Francisco Peninsula Press Club
4317 Camden Avenue
San Mateo, CA 94403-5007

Signature _____ Date _____