SOCIETY FOR COLLEGIATE JOURNALISTS

Initiation Report
Lifetime Membership Fee: $30

Initiate Information

Name: _____
FIRST MIDDLE LAST

Email Address: _____ Date of Birth: _____
MONTH DAY YEAR

Anticipated Graduation Year: _____ Degree: _____

Home/Permanent Address

_____

_____

College Address

_____

_____

Please list the campus publications/media organizations you have worked for:

Organization	Years of Service
_____	_____
_____	_____
_____	_____

☐ **If the initiate is an honorary member, include business affiliation and degrees completed:**

Occupation: _____ Degree / year completed: _____

Chapter Information

Date of Induction Ceremony: _____

Name of School: _____ State: _____

Chapter Adviser/ President Verification*

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

Signature

_____

Print Name/Title

Email Address

_____

Phone Number

*__PLEASE NOTE__: Please submit a single institutional payment for all initiates. Initiation Report Forms must be collected and mailed to the National Office together via snail mail. Mail forms and check/money order to: Dr. Andrea Frantz, Executive Director, SCJ National Office, 610 West Fourth St., Buena Vista University, Storm Lake, IA, 50588. To pay by credit card, please call (712) 749-2023. Please allow three weeks for processing.