



www.akronpressclub.org

MEMBERSHIP APPLICATION/RENEWAL FORM

To become a member of the Akron Press Club OR to renew your membership, please complete this form and submit it along with payment. Once payment is made, you will qualify for member benefits and member admission prices at **Akron Press Club** events, including luncheon meetings, social events, and professional development opportunities.

Membership Categories: *(Please mark the appropriate one.)*

- \$50/year INDIVIDUAL
\$40/year RETIREE
\$15/year STUDENT

Contact Information

Today's Date: _____

Name: _____ Title: _____

Company: _____

Business or Home Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ E-mail: _____

Please do NOT include my name and contact information in the print and/or electronic Membership Directory.

Signature: _____

For more information about membership, contact:

Lianne Fowler, Club Administrator
akronpressclub@gmail.com
www.akronpressclub.org

Please e-mail or mail this form to:

Akron Press Club Membership
P.O. Box 423, Cuyahoga Falls, OH 44222
akronpressclub@gmail.com

Submit Payment:

Mail check to:
Akron Press Club Membership
P.O. Box 423, Cuyahoga Falls, OH 44222