



# MEMBERSHIP APPLICATION

*for*  
the INTERNATIONAL PRESS ASSOCIATION

Your Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Position: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Business ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Phone: Home( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Web Site: \_\_\_\_\_

Name as to appear on credential: \_\_\_\_\_

## AREA OF WORK (Please check no more than 2)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Author         | <input type="checkbox"/> Editor - Video | <input type="checkbox"/> Radio Producer |
| <input type="checkbox"/> Cameraman      | <input type="checkbox"/> Engineer       | <input type="checkbox"/> Reporter       |
| <input type="checkbox"/> Correspondent  | <input type="checkbox"/> Journalist     | <input type="checkbox"/> TV Host        |
| <input type="checkbox"/> Editor – TV    | <input type="checkbox"/> Photographer   | <input type="checkbox"/> TV Producer    |
| <input type="checkbox"/> Editor – Print | <input type="checkbox"/> Publisher      | <input type="checkbox"/> Video Producer |
| <input type="checkbox"/> Editor – Radio | <input type="checkbox"/> Radio Host     | <input type="checkbox"/> Writer         |

## TYPE OF INDUSTRY (Please check only one)

- |                                |                                   |                                |
|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Film  | <input type="checkbox"/> Internet | <input type="checkbox"/> T.V.  |
| <input type="checkbox"/> Print | <input type="checkbox"/> Radio    | <input type="checkbox"/> Video |

## AREA OF EXPERTISE (Please check no more than 3)

- |                                      |  |  |  |
|--------------------------------------|--|--|--|
| <input type="checkbox"/> Abortion    | <input type="checkbox"/> Elderly       | <input type="checkbox"/> Media         | <input type="checkbox"/> Racism        |
| <input type="checkbox"/> Aids        | <input type="checkbox"/> Ethics        | <input type="checkbox"/> Medicine      | <input type="checkbox"/> Religion      |
| <input type="checkbox"/> Apologetics | <input type="checkbox"/> Evolution     | <input type="checkbox"/> Men Issues    | <input type="checkbox"/> Sciences      |
| <input type="checkbox"/> Art s       | <input type="checkbox"/> Family        | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Singles       |
| <input type="checkbox"/> Bible       | <input type="checkbox"/> Handicapped   | <input type="checkbox"/> Missions      | <input type="checkbox"/> Sports        |
| <input type="checkbox"/> Business    | <input type="checkbox"/> Health        | <input type="checkbox"/> Music         | <input type="checkbox"/> Teens         |
| <input type="checkbox"/> Children    | <input type="checkbox"/> Homosexuality | <input type="checkbox"/> Occult        | <input type="checkbox"/> Theology      |
| <input type="checkbox"/> Creationism | <input type="checkbox"/> Leadership    | <input type="checkbox"/> Politics      | <input type="checkbox"/> Women Issues  |
| <input type="checkbox"/> Cults       | <input type="checkbox"/> Literature    | <input type="checkbox"/> Pro-life      | <input type="checkbox"/> World Affairs |
| <input type="checkbox"/> Education   | <input type="checkbox"/> Marriage      | <input type="checkbox"/> Prophecy      | <input type="checkbox"/> Young Adults  |

**THREE-LINE SECULAR BIOGRAPHY given to those verifying your IPA Membership:**

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**PLEASE INCLUDE EXAMPLES OF WORK / RESUME / ETC.**

**REFERENCES:**

1. Name \_\_\_\_\_ Profession \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Phone ( ) \_\_\_\_\_ Home # ( ) \_\_\_\_\_  
E-mail \_\_\_\_\_

2. Name \_\_\_\_\_ Profession \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Phone ( ) \_\_\_\_\_ Home # ( ) \_\_\_\_\_  
E-mail \_\_\_\_\_

3. Name \_\_\_\_\_ Profession \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Phone ( ) \_\_\_\_\_ Home # ( ) \_\_\_\_\_  
E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send completed application to:

**International Press Association**

P.O. Box 2617

Orange, CA 92859

for more information visit our website [www.ipanews.com](http://www.ipanews.com) or email [bryan@ipanews.com](mailto:bryan@ipanews.com)