

NATIONAL WRESTLING MEDIA ASSOCIATION
2005 MEMBERSHIP APPLICATION
\$20 ANNUAL MEMBERSHIP FEE

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____

HOME PHONE: _____

WORK PHONE: _____

EMPLOYER: _____

FAX NUMBER: _____

E-MAIL: _____

PROFESSIONAL INVOLVEMENT:

- | | | |
|-----------------------------------------------|---------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Print-editor | <input type="checkbox"/> Print-reporter | <input type="checkbox"/> Print-freelance |
| <input type="checkbox"/> Photographer | <input type="checkbox"/> Internet design | <input type="checkbox"/> Internet reporter |
| <input type="checkbox"/> TV-producer/director | <input type="checkbox"/> TV-reporter | <input type="checkbox"/> Radio-producer/director |
| <input type="checkbox"/> Radio-reporter | <input type="checkbox"/> Sports information | <input type="checkbox"/> Sports management |
| <input type="checkbox"/> other _____ | | |

WORK HISTORY:

Comments, Questions, and/or Issues for NWMA:

**THIS FORM MAY BE COPIED
FOR ADDITIONAL MEMBERSHIP APPLICATIONS**

Membership benefits include NWMA newsletter, press releases, a voice and vote on issues facing wrestling journalists, socials and other activities.

**Return The Form Along With Payment To
National Wrestling Media Association
P.O. Box 21
Reynolds, IL 61279**