

*** LOWA APPLICATION FOR MEMBERSHIP ***

NAME OF APPLICANT: _____ SPOUSE _____

HOME ADDRESS: _____

BUSINESS ADDRESS: _____

PHONE NUMBERS: HOME: _____ CELL: _____

BUSINESS: _____ FAX:: _____

EMAIL ADDRESS: _____ WEBSITE: _____

CREDITS, TITLES, AWARDS, AFFILIATIONS, ETC. FOR DIRECTORY: _____

NOTE QUALIFICATIONS FOR MEMBERSHIP AND QUALIFYING ACTIVITIES ON THE REVERSE OF THIS FORM. IF YOUR MATERIAL IS PUBLISHED, ATTACH TEAR SHEETS, ETC., TO ASSIST THE MEMBERSHIP COMMITTEE IN CLASSIFYING YOUR MEMBERSHIP. APPLICANTS NOT QUALIFIED FOR ACTIVE MEMBERSHIP MAY BE ACCEPTED AS AN APPRENTICE MEMBER AND MAY RE-APPLY FOR ACTIVE MEMBERSHIP WHEN THEY FULFILL THE REQUIREMENTS.

FREELANCE: YES _____ NO _____

SPONSOR (Present active member of LOWA): _____

DUES PAYABLE TO LOWA MUST ACCOMPANY MEMBERSHIP APPLICATION
(\$40 FOR Active \$20 for Apprentice) PER CALENDAR YEAR.

Dues are payable on January 1 of each year, and become delinquent March 1. Membership privileges are suspended during the period of delinquency and terminated 90 days thereafter, unless termination is waived by the Executive Committee for good cause.

SENT THIS FORM AND APPROPRIATE CHECK (PAYABLE TO LOWA) TO:

LOWA
P. O. BOX 113518
METAIRIE, LA 70011-3518

FOR LOWA USE ONLY
APPLICANT APPROVED AS BY MEMBERSHIP COMMITTEE: _____

THE ABOVE APPLICANT WAS APPROVED FOR ACTIVE/APPRENTICE MEMBERSHIP IN THE
_____ MEDIA CATEGORY.

DIRECTORY PROVIDED: _____ PRESS CARD PROVIDED: _____

COMMENTS: _____