



Educating for Tomorrow's Media

# Student Media Club Application

UNIVERSITY: \_\_\_\_\_

FACULTY ADVISER: \_\_\_\_\_

TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

CAMPUS CLUB NAME: \_\_\_\_\_

**YOUR INTEREST OF STUDY: (CHOOSE ALL THAT APPLY)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Radio & Audio Media               | <input type="checkbox"/> Documentary Producer          | <input type="checkbox"/> Multicultural Studies |
| <input type="checkbox"/> News                              | <input type="checkbox"/> Screenwriting                 | <input type="checkbox"/> Sports                |
| <input type="checkbox"/> Documentary                       | <input type="checkbox"/> Prod. Aesthetics & Criticism  | <input type="checkbox"/> Gender & Sexuality    |
| <input type="checkbox"/> Research                          | <input type="checkbox"/> Management, Marketing & Prog. | <input type="checkbox"/> History               |
| <input type="checkbox"/> International                     | <input type="checkbox"/> Two-year/Small Colleges       | <input type="checkbox"/> Law and Policy        |
| <input type="checkbox"/> Writing                           | <input type="checkbox"/> Film/TV Production            | <input type="checkbox"/> Web Design            |
| <input type="checkbox"/> Post Production                   | <input type="checkbox"/> Student Media Advisors        | <input type="checkbox"/> Film/Video Editor     |
| <input type="checkbox"/> Broadcast Journalist              | <input type="checkbox"/> Multimedia & Emerging Tech.   | <input type="checkbox"/> Radio/TV Broadcaster  |
| <input type="checkbox"/> Curriculum, Assessment and Admin. |  |  |
| <input type="checkbox"/> Other: _____                      |  |  |

**\$100 – Student Media Club** *\*the membership cycle is from August 1 – July 31*

TOTAL ENCLOSED: \$ \_\_\_\_\_ Checks payable to the: **BEA**

Please check one:  VISA  MC  AMEX  Check #: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card (please print) \_\_\_\_\_ Signature: \_\_\_\_\_

Please email, fax or mail completed application & constitution to:

**Broadcast Education Association**

1771 N Street, NW, Washington, DC 20036-2981

**Phone:** (202)602-0587 | **Fax:** (202)609-9940 | **Email:** [Help@BEAweb.org](mailto:Help@BEAweb.org)

**Be sure to keep a copy of the signed application and signed constitution for your files**



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**STUDENT MEMBERS:** If more than 5 students are interested in joining the club, list 5 who are willing to serve as officers and include a list of the other interested members on a separate sheet.

**1)** NAME: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
MAJOR: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_  
OFFICER POSITION: \_\_\_\_\_

**2)** NAME: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
MAJOR: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_  
OFFICER POSITION: \_\_\_\_\_

**3)** NAME: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
MAJOR: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_  
OFFICER POSITION: \_\_\_\_\_

**4)** NAME: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
MAJOR: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_  
OFFICER POSITION: \_\_\_\_\_

**5)** NAME: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
MAJOR: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_  
OFFICER POSITION: \_\_\_\_\_

**TENTATIVE PLANNED ACTIVITIES:**

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**DATE:** \_\_\_\_\_ **FACULTY ADVISOR SIGNATURE:** \_\_\_\_\_