



Rocky Mountain Outdoor Writers & Photographers, Inc. Membership Application Individual or Student

Please mail the completed application and annual dues to the address shown below.
Please print all information clearly & legibly.

NAME _____

SPOUSE/PARTNER _____

ADDRESS _____

CITY/STATE _____ ZIP _____

PHONE (Res) _____ (Bus) _____ (Cell) _____

E-MAIL _____ WEBSITE _____

I hereby apply for membership in the Rocky Mountain Outdoor Writers and Photographers. I affirm that I am eligible for membership under the provisions set forth below and that I subscribe to and will uphold the RMOWP Creed.

Check One: _____ INDIVIDUAL _____ STUDENT

INDIVIDUAL: Individual members are persons who possess serious interest in outdoor communications, which may include being published and paid. The outdoor communication may take the form of, but is not necessarily limited to: writing, photography, painting, illustrating, editing, or publishing. Individual members shall have full voting rights in all the business of the corporation.

STUDENT: Shall be full-time students regardless of age, with interest in outdoor communications.

Would you like to be a Mentor to help other members (not required)? Yes _____ No _____

Membership dues are on a calendar year January 1st to December 31st (if you join after Oct. 1st, your membership will extend through the following year).

- Individual Dues - \$45.00 (\$30 for second applicant at same address)
- Student Dues - \$5.00

How did you learn about RMOWP? _____

RMOWP MEMBERSHIP CREED

I believe that the profession of outdoor reporting is a trust to be maintained through the dissemination of information in words and illustrations in a dedicated, accurate and impartial manner. Financial considerations will not influence my judgement or responsibility in the pursuit of facts to be honestly presented.

Signature _____

Date _____

SKILLS

Circle all that are applicable:

Photographer

Lecturer

Freelance

Writer

Public Relations

Staff

Editor/Publisher

Artist

Web Design

Audio/Video

Graphics

Other _____

INTERESTS

PROFESSIONAL CREDITS

Please send completed application along with a check or money order payable to **RMOWP** to:

Kathy Turner
RMOWP Secretary
PO Box 875
Fairplay, CO 80440

If you have questions regarding membership, please contact info@rmowp.org.

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