

ONO

ORGANIZATION OF NEWS OMBUDSMEN MEMBERSHIP APPLICATION

NAME _____

(Mr., Miss, Ms., Mrs.)

TITLE _____

ORGANIZATION: _____

ARE YOU APPLYING FOR FULL MEMBERSHIP (Open to independent ombudsmen)

OR FOR ASSOCIATE MEMEBERSHIP (open to other journalists, academics and

friends of ombudsmen?) REGULAR _____ ASSOCIATE _____

WORK ADDRESS _____

E-MAIL _____

TELEPHONE _____

FAX; _____

The following questions are for ombudsmen only:

DATE OF APPOINTMENT _____

YEAR YOUR ORGANIZATION APPOINTED ITS FIRST OMBUDSMAN _____

DO YOU WRITE A COLUMN _____

IF YES, WHEN DOES IT APPEAR _____

IF YOUR OPINION YOUR OWN OR DOES IT HAVE TO BE APPROVED BY THE

EDITOR OR PUBLISHER OR A SUPERIOR: YES _____ NO _____

DO YOU HAVE A BLOG _____

IF YES, ADDRESS FOR BLOG _____

DUTIES _____

(IF YOU NEED MORE SPACE, CONTINUE ON A SEPARATE SHEET)

ARE YOU A STAFF MEMBER _____

IF YOU ARE ON CONTRACT, HOW LONG IS THE CONTRACT AND IS IT

RENEWABLE? _____

IF YES, FOR HOW LONG _____

The following questions are for all applicants:

WORK EXPERIENCE _____

EDUCATION _____

PERSONAL _____

Thank you!

Mail this application to:

Gina Lubrano
Executive Secretary
Organization of News Ombudsmen
3152 W. Canyon Ave.
San Diego, CA 92123
U.S.A.

Mail your payment to:

Debbie Kornmiller, treasurer
Organization of News Ombudsmen
The Arizona Daily Star
P.O. Box 26807
Tucson, AZ 85726
U.S.A.