

# New England Society of Newspaper Editors

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www.NESNE.org NESNE@RhyNewService.com

## Application for Membership

Date \_\_\_\_\_

Name

Newspaper

Business address

Business telephone

E-mail

Current position

Past newspaper affiliations

Position

Dates

Annual dues enclosed (\$65) Signature

What do you hope to accomplish through NESNE membership?

What programs or activities would you like to see NESNE pursue?

Which NESNE activities would you like to become involved in?

Please print, complete and mail this form, with membership dues, to the address above.