



Sigma Theta Tau International
Honor Society of Nursing

Media Release Form

I grant the chapter permission to release information on my election to membership in the following newspaper:

Signature _____

Newspaper _____

Address _____

City, State, Zip _____

Province _____ Country _____

Member Information:

Name _____

City, State, Zip _____ Province _____ Country _____

The information you provide on this card will be helpful to the chapter in notifying newspapers and related publications of your election to membership. Preparation and submission of a media release by your chapter for the newspaper you select does not guarantee that the newspaper will choose to publish the information.

Return this card with your Membership Acceptance Form to the designated chapter officer.



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