

Application for
AFFILIATE MEMBERSHIP

We believe our organization meets the Virginia Press Association qualifications for Affiliate Membership. We request that our organization be approved for Affiliate Membership.

Name of Organization: _____

Street Address: _____

City: _____ State: _____

Mailing Address: _____

City: _____ State: _____

Telephone: _____ Fax: _____

Date Established _____

(you must have been in business one year before membership can be granted)

Key Personnel: Owner: _____ email address: _____

General Manager: _____ email address: _____

Please briefly describe your reasons for making application:

Number of full-time Virginia employees:

Dues: An amount equal to the number of full-time Virginia employees, with a minimum of \$250 and a maximum of \$500. Dues are billed annually in July. Fifteen percent of annual dues cover a one year-subscription to Virginia's Press for staff members. Please attach a separate sheet indicating who should receive it.

Submit with this application a check or money order for one year's dues.

Submitted by _____ Date: _____

Office Use Only:

Approved for membership ___/___/___

Check rec'd _____

Subscription started _____

Executive Director _____

Rev. September 2008

Mail to:

Virginia Press Association

Membership Committee

11529 Nuckols Rd

Glen Allen, VA 23059