

Application for
ASSOCIATE MEMBERSHIP

Name of Publication

Street Address

Mailing Address (if different than street address)

City/State

City/State

Zip

Zip

Telephone

Fax

Website

Date Established

Pub. Frequency

Daily

☐

Non-Daily

☐

Pub Days

Circulation

Audited By

Key Personnel:

Publisher

Email:

General Manager

Email:

Advertising Director

Email:

Circulation Director

Email:

Editor

Email:

Please submit the following with your application:

- Current rate card
- Five editions of your publication
- Payment for one year's dues

Dues: Association dues will be 30% of the open full-page retail rate (as shown on the member's rate card of the relevant year), with a minimum of \$200 and a maximum of \$650. Payment of one year's dues must accompany your application. If you are certified by the court in your area to carry legal notices you must apply for active membership. *College/University newspapers are eligible to apply for associate membership.

Submitted by: _____ Date: _____

Office Use Only: Approval of Membership _____ Check Rec'd: _____

Executive Director Signature: _____