

Executive Director Signature: ____

4860 Cox Rd., Suite 150 Glen Allen, VA 23060 (804) 521-7570 www.vpa.net

Application for **ACTIVE MEMBERSHIP**

Traine of Labrication	Name	of	Pub	licat	ion
-----------------------	------	----	-----	-------	-----

Street Address	Mailing Address (if different than street addres
City/State	City/State
Zip	Zip
Telephone	Fax
Website	
Date Established Pub. F	requency 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 Current rate card Five editions of your newspaper Postal statement or audit Court certification letter (if applies) Payment for one year's dues (check/money order/debit or credit	maximum of \$750 for non-daily newspapers. If you
Submitted by:	Date:
Office Use Only: Approval of Membe	ership Check Rec'd: