



# ALTERNATIVE PUBLICATION MEMBERSHIP APPLICATION

*Publications are eligible for membership after six continuous months of operation.*

Date of Application: \_\_\_\_\_

Publication: \_\_\_\_\_ Date Established: \_\_\_\_\_

Parent Corporation: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Publication Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Main Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Publication Email: \_\_\_\_\_

**Frequency of Publication:**  Daily ( Morning  Evening)  Weekly  Biweekly  Monthly  Bimonthly

**Publication Day(s):**  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

**Type of Publication:**  Magazine  Alternative Publication – Describe: \_\_\_\_\_

**Circulation:**  Paid \_\_\_\_\_  Free \_\_\_\_\_

**Verification:**  AAM  Post Office  Sworn Other \_\_\_\_\_

**National Advertising Rate** (cost per inch): \$ \_\_\_\_\_

*Please include a copy of your rate card for filing purposes.*

Additional publications published out of this office: \_\_\_\_\_

**Our newspaper(s) understand(s) that, in the event membership dues are not paid within three (3) months of being invoiced, the Pennsylvania NewsMedia Association may, in its discretion, suspend services and/or deduct membership dues from reimbursements or rebate checks due to the newspaper.**

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

For questions, contact [communications@pa-news.org](mailto:communications@pa-news.org).



# KEY CONTACTS

Please provide a main contact for the following areas:

## EXECUTIVES:

(President, Publisher, GM, etc.)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## ADVERTISING:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## EDITORIAL:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## CIRCULATION:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## DIGITAL:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## MARKETING:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## PRODUCTION:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## IT:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## HUMAN RESOURCES:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## ANNUAL DUES RECIPIENT:

(Receives annual dues invoice)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## DATA VERIFICATION CONTACT:

(Updates company information each year)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## ADDITIONAL CONTACTS:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_