



COLLEGE NEWSPAPER MEMBERSHIP APPLICATION

Date of Application: _____

Name of School: _____

School Address: _____

City: _____ State: _____ Zip: _____ County: _____

Main Phone: _____ Main Fax: _____

Newspaper Name: _____

Advisor: _____

Advisor Phone: _____ Email Address: _____

Newspaper Address: _____

City: _____ State: _____ Zip: _____ County: _____

Main Phone: _____ Main Fax: _____

Newspaper Website: _____

Newspaper Email Address: _____

Frequency of Publication: Daily (four or more times per week) Weekly (three times or less per week)
 Other: _____

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

ANNUAL DUES:

Daily: \$200 Non-Daily: \$100

NOTE: Each member is required to provide printed editions to the following:

- PNA's clipping service:** PNA Clipping Service, 130 Main Street, Presque Isle, ME 04769 (1 copy needed)
- PNA:** Pennsylvania NewsMedia Association, 3899 North Front Street, Harrisburg, PA 17110 (2 copies needed)

Authorized Signature: _____

Print Name: _____

Please mail this application and payment to the address below along with **two copies** of your newspaper for processing and filing purposes.

For question, contact **Mary Firestone**, Manager Member Services & Meetings, at (717) 703-3069 or maryf@pa-news.org.