



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: _____

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