



NEWSPAPER MEMBERSHIP APPLICATION

Newspapers are eligible for membership after six continuous months of operation.

Date of Application: _____

Newspaper: _____ Date Established: _____

Parent Corporation: _____

Name of Applicant: _____ Title: _____

Email Address: _____

Newspaper Address: _____

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

Main Phone: _____ Main Fax: _____

Website: _____ Newspaper Email: _____

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

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

Type of Publication: Newspaper Business Journal

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: _____

NOTE: Each member is required to provide PNA with login access to its digital and replica editions.

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.



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: _____