



ONLINE MEMBERSHIP APPLICATION

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

Date of Application: _____

Newspaper: _____ Date Established: _____

Name of Applicant: _____ Title: _____

Email Address: _____

Newspaper Address: _____

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

Main Phone: _____ Main Fax: _____

Newspaper Website: _____

Description of Website (meta tag): _____

Other: _____

Frequency of Updates: _____ (Must update website 2 times or more per week to be eligible)

Average Monthly Page Views: _____ Average Monthly Unique Visitors: _____

Average Session Time (if known): _____ Do you utilize a paid content model? Yes No

Fee for monthly subscriptions (if applicable): _____

Please provide your run-of-site advertising rate for the three standard IAB sizes:

728x90: _____ 300x250: _____ 160x600: _____

What services do you use to track internal metrics? _____

Additional publications published by this organization: _____

ANNUAL DUES: \$500

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: _____

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

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: _____