



PROFESSIONAL ORGANIZATION MEMBERSHIP APPLICATION

Print and digital publications are eligible for membership after six continuous months of operation.

Date of Application: _____

News Media Organization: _____ Date Established: _____

Parent Corporation: _____

Name of Applicant: _____ Title: _____

Email Address: _____

Mailing Address: _____

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

Main Phone: _____

Website Address: _____

Frequency of Publication: _____

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

Type of Print Publication: Newspaper Business Journal Alternative

Frequency of Website Updates: _____ (must update website two or more times per week to be eligible)

Circulation: Paid _____ Free _____

Average monthly digital page views: _____ Average monthly unique visitors: _____

Number full-time employees: _____

Additional publications or URLs published or maintained: _____

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

Our news media organization understands 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: _____

If you have any questions, please 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: _____