

Date _____ Frequency (Please check appropriate box): Daily Twice-Weekly Weekly Bi-Weekly Monthly

Corporate Name _____

Name of Newspaper *(use a separate application for each newspaper)* _____

Paid Circulation _____ Requestor/Free Circulation _____ Type of Audit _____

Address _____

City _____ State _____ Zip _____

County _____ Telephone _____ Fax _____

Email _____ Website _____

Name of Firm that Prints Your Newspaper(s) _____

Address *(for insert delivery)* _____ Publication Day(s) _____

Contact Name at Printing Firm _____ Email or Phone _____

Key Personnel

Publisher _____ Editor _____

Email _____ Email _____

Advertising Manager _____ Production Manager _____

Email _____ Email _____

Market Profile *(one paragraph description of your market including metro area, demographics, etc.)*

Distribution *(please describe the distribution of your newspaper, detailing distribution by mail paid, by mail free, newsstand paid, newsstand free, bulk drop, carrier, etc.)*

Dues

Membership dues are billed annually based on total circulation — combined total of paid, requestor and free distribution *(see attached dues schedule)*.

What You Should Enclose with this Application

For **each PAID paper** applying for membership:

1. \$25.00 non-refundable application fee
2. An audit statement or a tearsheet of the U.S. Postal Statement of Ownership, Management and Circulation
3. Three consecutive weeks of U.S. Postal Form 3541
4. 28 copies of one issue of each paper

These four items MUST be included before your membership application can be processed.

For **each FREE paper** applying for membership:

1. \$25.00 non-refundable application fee
2. An audit statement or a sworn statement from the Publisher (must be notarized)
3. Copies of three consecutive printing invoices from the most recent month
4. 28 copies of one issue of each paper

These four items MUST be included before your membership application can be processed.

** Upon the acceptance of your membership application, one copy of each issue of your publication must be mailed directly to NYPA for the duration of your membership.*

Signature _____ Title _____

Return completed application to:

New York Press Association, 1681 Western Ave., Albany, NY 12203-4305, 518.464.6483, fax 518.464.6489, www.newyorkpressassociation.com