

# Affiliate Membership Application

NEW YORK PRESS ASSOCIATION



I (we) hereby apply for Affiliate Membership in the New York Press Association, subject to election and confirmation by the NYPA Board of Directors. Affiliate membership applications are accepted from individuals who represent a firm or corporation which is not in the newspaper business, but which has business dealings with active members of the Association or provides services to active members. Affiliate members are entitled to an assortment of privileges of the Association (with the exceptions of voting and holding office) including receipt of the membership newsletter, attendance at conferences and workshops (at member prices), and participation in group insurance programs. It is our understanding that this is a continuing membership to run consecutively from year to year without the necessity of a yearly renewal. An affiliate member may withdraw from the Corporation by presenting NYPA a written statement or resignation.

## General Information

Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Title \_\_\_\_\_

Business/Organization \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Size of Company  Less than 100 employees  100-500 employees  500-1000 employees  over 1000 employees

Year Company was Established \_\_\_\_\_ For Profit  Yes  No Non-Profit  Yes  No Educational  Yes  No

Previous association with, or service within NYPA \_\_\_\_\_

Please describe the exact nature of your business or profession and the product or service your firm sells to newspapers, owners or department managers \_\_\_\_\_

Briefly explain your interest in the Association and your affiliation with the newspaper industry in this state \_\_\_\_\_

List three (New York) newspapers to whom you regularly sell your products or services

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

## Affiliate Member — Annual Dues \$350

The \$350 annual dues for affiliate members will be billed for the remainder of the calendar year after acceptance into the Association. Please return the completed application form and a **one-time-only application fee of \$50**, which is non-refundable, to the NYPA central office, keeping duplicate copy for your records. Please include **3 promotional brochures or information sheets** describing your company and its goods and services. For consideration for affiliate membership will take place at the next NYPA Board meeting (*Apr/June/Sept/Nov*).  
*Thank you for applying for membership. Please return this completed form to the address below.*

Signature \_\_\_\_\_ Title \_\_\_\_\_

### Return completed application to:

New York Press Association, 621 Columbia Street Ext., Suite 100, Cohoes, NY 12047, 518.464.6483, fax 518.464.6489, www.nynewspapers.com