

Date _____ Corporate Name _____

Business Type: Corporation Partnership DBA LLC OTHER _____

Name of Digital News Media Entity _____

Paid Access _____ Free Access _____ Metered _____

Address _____

City _____ State _____ Zip _____

County _____ Telephone _____ Mobile _____

Email _____

URL _____

Key Personnel

Publisher _____ Editor _____

Email _____ Email _____

Advertising Manager _____ Other _____

Email _____

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

Audience *Please describe your audience —*

Dues Membership dues are billed annually in November at \$350 per year *(January - December)*.

What You Should Enclose with this Application

For **each DIGITAL NEWS MEDIA entry** applying for membership:

1. \$50.00 non-refundable application fee
2. Audience metrics reports including unique visitors and page views for each of the most recent six weeks*
3. Federal Tax ID #
4. Copy of the filing receipt issued by the NYS Department of State when the entity was formed or authorized to do business in New York State
5. Proof of libel insurance

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

** Upon the acceptance of your membership application, audience metrics reports must be provided twice a year to NYPA — in October and April.*

The New York Press Association is committed to ethical practices.

All companies profess business integrity, but the power of newspapers and the impact newspapers can have on the lives of our readers, their businesses and their reputations, places special responsibility for following legal and ethical business practices.

Acceptance of membership in NYPA includes acceptance of individual responsibility for following legal and ethical business practices.

The NYPA board of directors reserves the right, at its discretion, to bar from membership or to expel from the Association, any newspaper company that has committed any act that is contrary to the principles of legal and ethical business practices.

Signature _____ Title _____

Return completed application to: NYPA, 621 Columbia Street Ext., Suite 100, Cohoes, NY 12047, 518.464.6483, fax 518.464.6489