

UNIVERSITY NEWSPAPER MEMBERSHIP APPLICATION

1. UNIVERSITY NEV	WSPAPER INFORMATION: (Please type) Date:
University Newspaper:	
Address:	
City, State, Zip:	
Website:	
Phone:	
The above named organiza	tion hereby applies for University Newspaper membership in the News Media Alliance.
University Newspaper Annu	al Dues for 2017 \$350.00
	ACT INFORMATION: (Please type)
Title:	
Email:	
Direct Phone:	Direct Fax:
Signature (required):	
additional \$20.00 for proce	Please make checks payable, in U.S. funds to News Media Alliance. □ Wire payment (add an
Cardholder name	Expiration Date
CVV #	Last three digits from number on back of card. For AMEX, use last four digits on front of card.
Signature:	Date:
Billing Address:	



Payment in full of annual dues is required. As News Media Alliance operates on a calendar year, organizations joining after January will have dues invoices prorated to the end of the first year of membership and the remaining credit applied to the second year's membership. All full-time employees of member organizations qualify for discounts on products and services and may access member-only content on www.newsmediaalliance.org. Contact Member Services at membership@newsmediaalliance.org or 844.656.4622 for assistance.

Read News Media Alliance by-laws <u>here</u> . ☐ I have read and agree to abide by the terms of the N	lews Media Alliance by-laws dated January 26, 2017.
Print Name:	Title:
Signature:	Date:
For corporate memberships, the signer must have the automated RETURN COMPLETED APPLICATION TO:	hority to act for the organization applying for membership
News Media Alliance Attn: Finance 4401 N. Fairfax Dr. Suite 300 Arlington, VA 22203-186	7

Hotline: 844.656.4622 • membership@newsmediaalliance.org • www.newsmediaalliance.org