



INDEPENDENT NEWSPAPER MEMBERSHIP APPLICATION (LESS THAN 10,000 CIRCULATION)

For independently-owned newspapers with less than 10,000 average daily print circulation only. If the applying organization has more than one newspaper under common ownership, please contact membership@newsmediaalliance.org to request a dues quote.

Date: _____

NEWSPAPER INFORMATION:

Newspaper: _____

Address: _____

City, State, Zip: _____

Website: _____

Phone: _____ Fax: _____

The above-named organization hereby applies for Independent Newspaper membership (less than 10,000 average daily print circulation) in the News Media Alliance.

METHOD OF DUES PAYMENT: (SELECT ONE)

Daily Newspaper – Annual dues based on 2016 average print circulation.

Average print circulation of _____ = \$500.00

Two-Year Discount: 50% discount on 1st year's dues with two-year commitment

Yes I wish to commit to two years.

ENTER TOTAL ANNUAL DUES HERE: \$ _____

Next page: Payment information

PAYMENT INFORMATION: (SELECT ONE)

Check:

Check # _____ *Please make checks payable, in U.S. funds to News Media Alliance.*

Credit Card:

AMEX MasterCard Visa

Card # _____ Expiration Date _____

CW # _____ *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 the News Media Alliance by-laws [here](#).

I have read and agree to abide by the terms of the News Media Alliance by-laws dated January 26, 2017.

Print Name: _____ Title: _____

Signature: _____ Date: _____

For corporate memberships, the signer must have the authority to act for the organization applying for membership.

RETURN COMPLETED APPLICATION TO:

News Media Alliance
4401 N. Fairfax Dr. | Suite 300 | Arlington, VA 22203-1867

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