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 ______________________
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 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