



## APPLICATION FOR ASSOCIATE MEMBERS

Associate Members are suppliers or vendors primarily affiliated with/or doing business with newspapers.  
Please type all information

### 1. COMPANY INFORMATION:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

### 2. PRIMARY CONTACT INFORMATION:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address (if different than section 1): \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone (optional): \_\_\_\_\_

### 3. SERVICES DIRECTORY CONTACT INFORMATION:

Same as Primary Contact    Add new contact

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address (if different than section 1): \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone (optional): \_\_\_\_\_

*Additional contacts may be added through [newsmediaalliance.org](http://newsmediaalliance.org) by clicking on "Check Membership Status" and following the prompts.*



**4. METHOD OF PAYMENT:** (Select One)

Annual News Media Alliance Associate member dues \$2,000.00 US.

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

Wire payment *(Add an additional \$20.00 for processing fees)*

AMEX       MasterCard       Visa      Card # \_\_\_\_\_

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 fulltime employees of member organizations qualify for discounts on products and services and may access member-only content on [www.newsmediaalliance.org](http://www.newsmediaalliance.org). Contact Member Services at [membership@newsmediaalliance.org](mailto: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 | Attn: Finance  
4401 N. Fairfax Dr. | Suite 300 | ARLINGTON, VA 22203-1867

Hotline: 844.656.4622 • [membership@newsmediaalliance.org](mailto:membership@newsmediaalliance.org) • [www.newsmediaalliance.org](http://www.newsmediaalliance.org)