

NEWS MEDIA ALLIANCE

NEWSPAPER MEMBERSHIP APPLICATION

1. NEWSPAPER INFORMATION: (Please type)

Date: _____

Newspaper: _____

Address: _____

City, State, Zip: _____

Website: _____

Phone: _____ Fax: _____

The above named organization hereby applies for Newspaper membership in the News Media Alliance.

We are a daily weekly group* owner of newspapers

**Group - please provide a list of newspapers with the days published and average circulation indicating whether circulation is paid or free.*

2. PRIMARY CONTACT INFORMATION:

(Please type) Please list additional contacts on a separate sheet of paper.

Name: _____

Title: _____

Email: _____

Direct Phone: _____ Direct Fax: _____

Signature (required): _____

3. METHOD OF PAYMENT: (Select One)

Check # _____ *Please make checks payable, in U.S. funds to News Media Alliance.* Wire payment (add an additional \$20.00 for processing fee)

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: _____



NEWS MEDIA ALLIANCE

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 | Attn: Finance
4401 N. Fairfax Dr. | Suite 300 | Arlington, VA 22203-1867

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