



APPLICATION FOR ASSOCIATE MEMBERSHIP

We hereby make formal application for **Associate Membership** in the **Southern Newspaper Publishers Association**.

We enclose our payment in the amount of \$ _____ * covering membership dues for 2014.

DUES STRUCTURE* 1 employee - \$300 2-9 employees - \$500 10-24 employees - \$750 25+ employees - \$1,000

Company Name: _____

Number of employees (in full-time equivalents): _____

Key Company Contact: _____ Title: _____

Email: _____

Billing Contact: _____ Title: _____

Email: _____

Address: _____

City: _____ State _____ ZIP Code: _____

Telephone: _____ Fax: _____

Company Website Address: _____

A few of the newspapers to which we supply goods and/or services are:

PAYMENT

By check: Please make your check payable to SNPA.

By credit card:

Type of Card (AMEX, MasterCard, Visa): _____

Card Number: _____ Expiration Date: _____

Name on Card: _____

Please return your application and payment by mail, by fax or via email:

Mail: SNPA, 3680 N. Peachtree Road, Suite 300, Atlanta, GA 30341

Fax: 404.252.9135 **email:** Howard.Hoffman@snpa.org **Telephone:** 404.256.0444