



# 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 2015. (We'll waive your dues for the balance of 2014.)

<b>DUES STRUCTURE*</b>	
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](mailto:howard.hoffman@snpa.org) **Telephone:** 404.256.0444